

<b>Case Number:</b>	CM15-0056280		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/17/1996
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female, who sustained an industrial injury on 10/17/96. She reported neck, back and knee injuries. The injured worker was diagnosed as having lumbar degenerative disc disease, post spinal headache and general osteoarthritis involving multiple sites. Treatment to date has included oral medications including narcotics, cane for ambulation, lumbar surgery, revision of lumbar surgery with hardware removal, physical therapy, home exercise program, cervical discectomy and fusion and left knee arthroscopy. Currently, the injured worker complains of headache, neck, shoulder and low back pain, increased since previous visit. Physical exam noted decreased range of motion of lumbar spine and tenderness on palpation of lumbar spine. The treatment plan included a new mattress, acupuncture and follow up with oral surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**DME: New Air Mattress: Micro Air 65 (Hospital Bed Type): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Low Back Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, under Durable Medical Equipment, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection, Aetna guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories.

**Decision rationale:** MTUS and ACOEM are silent on orthopedic beds. ODG-TWC, Knee & Leg Chapter, under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. Aetna guidelines, Clinical Policy Bulletin Number 0543, Hospital Beds and Accessories states: Hospital beds medically necessary if the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. Per progress report dated 09/10/14, provider states the patient's mattress "is worn out and she is requesting for a replacement. She is very concerned because her psychiatrist may have to admit her for psychiatric issues as she is not sleeping well this is causing triggering of her depression and anxiety which is all work related. She informs me that by not having the bed it has increased the level of pain." However, ODG does not support "any type of specialized mattress or bedding as a treatment for low back pain." There is no mention of pressure ulcers that would warrant a special support surface. Provider has not documented that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by Aetna guidelines. This request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.