

Case Number:	CM15-0059009		
Date Assigned:	04/03/2015	Date of Injury:	12/07/2000
Decision Date:	05/07/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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, Pain Management

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 58 year old male, who sustained an industrial injury on December 7, 2000. He has reported back pain, leg pain, and numbness of the leg. Diagnoses have included lumbar facet syndrome, lumbar spine disc protrusion, chronic lower back pain, thoracic or lumbar spondylosis, lumbar radiculitis, lumbar/lumbosacral degenerative disc disease, lumbar spine stenosis, and cervicalgia. Treatment to date has included medications, nerve root blocks, lumbar spine fusion, lumbar spine epidural steroid injection, trigger point injections, imaging studies, and diagnostic testing. A progress note dated February 16, 2015 indicates a chief complaint of lower back pain, right buttock pain, and right leg pain with paresthesias. The treating requested a therapeutic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Mattress Section; Pain, DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter, Mattress selection.

Decision rationale: Regarding the request for a therapeutic bed, California MTUS do not contain criteria for the purchase of a bed. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested therapeutic bed is not medically necessary.