

Case Number:	CM14-0168774		
Date Assigned:	10/16/2014	Date of Injury:	02/12/2003
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male whose date of injury was February 12 2003. The injured worker had an L4-S1 interbody fusion in 2006 but continues to have low back pain radiating to the lower extremities, more so on the left side. He rates his pain at a 10/10 without medication and a 5/10 with medication. His activities of daily living are improved on medication with specific examples provided. A pain contract is in place and the urine drug screens are consistent with prescribed medication. The physical exam reveals tenderness to palpation over the spine from T11-L5, lumbar, paraspinal muscular tenderness, and 1+ lumbar spasm. The straight leg raise examine on the left is positive at 50 degrees, there is left-sided dorsi flexion weakness, and hypesthesia of the left-sided L5 and S1 dermatome regions. The current medications include Kadian 20 mg every 12 hours, Percocet 10/325 mg twice daily for breakthrough pain, Lyrica 150 mg twice daily, Cymbalta 60 mg daily, Abilify 2 mg daily, and Ambien 12.5 mg CR. The diagnoses include failed back syndrome, chronic low back pain, and previous lumbar fusion. He is thought to have nociceptive and neuropathic components to his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bed and Mattress: 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 Chapter Mattress Selection

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, Mattress Selection Aetna: Clinical Policy Bulletin, Hospital Beds and Accessories.

Decision rationale: Per the Official Disability Guidelines, 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. Guidelines more specific for the [REDACTED] mattress and bed come from insurers such as Aetna: Aetna considers hospital beds medically necessary DME for members who meet any of the following criteria: 1. The member's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed; or 2. The member's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed; or the member 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. Pillows or wedges must have been considered. A hospital bed is one with manual head and leg elevation adjustments. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed. Ordinary beds do not meet Aetna's definition of covered DME, in that ordinary beds are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. An ordinary bed is one that is typically sold as furniture. It consists of a frame, box spring, and mattress. It is a fixed height, and has no head or leg elevation adjustments. An ordinary bed will accommodate most transfers to a chair, wheelchair, or standing position. If needed, it can almost always be adapted to accommodate these transfers. The need for a particular bed height would rarely by itself justify the need for a hospital bed. Aetna does not cover power or manual lounge beds because they are a comfort or convenience item. Note: In addition, power or manual lounge beds do not meet Aetna's definition of covered DME, in that they are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. Please check benefit plan descriptions. These beds, like other ordinary beds, are typically sold as furniture. The following are examples of brands of lounge beds that do not fall within the definition of DME: [REDACTED] Adjustable Bed, Adjustable firmness/support mattresses (e.g., [REDACTED]), [REDACTED] Adjustable Bed, [REDACTED] Adjustable Bed, [REDACTED] Adjustable Bed, Visco-elastic or memory foam mattresses (e.g., [REDACTED]), Waterbed. In this instance, the injured worker does not appear to have a need a specialized mattress and bed apart from firmness preference. There appears to be no medical need for head elevation above 30 degrees, there is no congestive heart failure, chronic pulmonary disease, or aspiration risk. There is no spinal cord injury or pressure ulceration. There is no reason to believe that the injured worker cannot reposition himself on an ordinary mattress to alleviate pain. Therefore, a [REDACTED] Bed and Mattress is not medically necessary per the referenced guidelines.