MAXIMUS Federal Services

Case Number:	CM14-0028931		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2011
Decision Date:	08/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male with a reported date of injury on 06/03/2011. His diagnoses were noted to include sacroiliac pain, sacroilitis, lumbar spondylosis without myelopathy, facet arthropathy, lumbar/thoracic radiculopathy, low back pain syndrome, thoracic disc herniation, and thoracic pain. The previous treatments were noted to include physical therapy, epidural steroid injections, sacroiliac injections, and medications. The progress noted dated 05/22/2014 revealed the injured worker had a bilateral sacroiliac injection and had reduced his medication. The injured worker complained of vertigo, left wrist pain, and revealed that it was getting worse and hurt more and more often. The injured worker complained he could not lift anything heavy with his left hand, it hurt when driving, cooking, or drying with a towel after his shower. The physical examination revealed the injured worker had pain relief from the previous sacroiliac injections. However, his pain was worsening over time. The progress note dated 05/19/2014 revealed the injured worker had 50% pain relief from a sacroiliac joint injection on both sides. The injured worker revealed his activity level had increased and his medications were working well. The physical examination of the lumbar spine revealed range of motion was restricted by pain. The provider indicated spinous process tenderness noted over the L4 and L5. There was positive lumbar facet loading on both sides and straight leg raise test was negative. There was a negative Faber test and all lower extremities are equal and symmetric. There was tenderness noted over the sacroiliac spine. The request for authorization form was not submitted within the medical records. The request was for an adjustable bed. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem/Blue Cross Treatment Guidelines.

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.

Decision rationale: The request for an adjustable bed is not medically necessary. The injured worker indicated he had purchased an adjustable bed based on a physical therapist's recommendation. The Official Disability Guidelines do not recommend firmness as a sole criteria for mattress selection. In a recent random controlled trial, a waterbed and a body contour foam mattress generally influenced symptoms, function and sleep more positively than a hard mattress, but differences were small. The dominant problem in the study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was a prejudice towards this type of mattress. The water mattress had the largest amount of test person who stopped during the trial due to worsening low back pain, as the users were more likely to turn around in the bed during the night because of pressure on prominating body parts. There was not enough documentation regarding improved function utilizing this bed and there not enough of documentation regarding the medical necessity to warrant an adjustable bed. There is no documentation regarding a medical condition that requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain, prevent contractures, promote good body alignment, or avoid respiratory infections. There is also not enough documentation that there is a need to adjust height to permit transfers to a chair, wheelchair, or standing position secondary to severe arthritis, fractured hips or other lower extremity injuries, spinal cord injuries, severe cardiac conditions, and stroke. Therefore, the request is not medically necessary.