

Case Number:	CM14-0088052		
Date Assigned:	07/23/2014	Date of Injury:	03/23/2008
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old female whose date of injury is 03/23/2008. She injured her low back while taking a gurney into the operating room. Diagnoses are status post L4-5 spinal cord stimulator placement and removal and status post L4-5 discectomy. Lumbar MRI dated 05/05/14 revealed postsurgical changes at L4-5, 2 mm left foraminal disc protrusion at L4-5, and mild multilevel facet arthropathy. Re-evaluation dated 06/24/14 indicates that there is lumbar paravertebral muscle spasm and tenderness in the lower lumbar region. Straight leg raising is positive on the left. There is decreased sensation to light touch over L4, L5 and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zero gravity 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, 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 Chapter, Mattress selection.

Decision rationale: Based on the clinical information provided, the request for zero gravity bed is not recommended as medically necessary. The Official Disability Guidelines note that 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. There is no clear rationale provided to support the requested zero gravity bed, and medical necessity is not established.

Zero gravity chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna clinical policy bulletin Therapeutic Chairs.

Decision rationale: Based on the clinical information provided, the request for zero gravity chair is not recommended as medically necessary. CA MTUS, ACOEM and the Official Disability Guidelines do not address the requested chair. Aetna clinical policy bulletin states that zero gravity chairs are not covered DME because they are not mainly used in the treatment of disease or injury, are not primarily medical in nature, and/or are normally of use to persons who do not have a disease or injury.