

Case Number:	CM15-0011560		
Date Assigned:	01/29/2015	Date of Injury:	09/17/2010
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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, Hawaii
 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 55 year old female, who sustained an industrial injury on 9/17/2010. The diagnoses have included cervical radiculopathy, lumbar radiculopathy, status post fusion of lumbar spine, anxiety, and carpal tunnel syndrome with release. Treatment to date has included occupational therapy, physical therapy and lumbar laminectomy on 11/13/2014. According to the progress noted dated 12/5/2014, the injured worker complained of constant neck pain that radiated to bilateral upper extremities. The pain was accompanied by frequent numbness and tingling in the left upper extremity. The pain was associated with bilateral occipital headaches. The injured worker complained of frequent muscle spasms in the neck area. She also complained of constant low back pain that radiated down the bilateral lower extremities. The pain was accompanied by numbness and tingling in the bilateral lower extremities. She reported difficulty sleeping and complained of frequent muscle spasms in the low back. She also complained of depression and anxiety with frequent crying spells. Physical exam revealed spinal vertebral tenderness in the cervical spine with limited range of motion. There was spasm noted in the L4-S1 paraspinous musculature. Tenderness was noted on palpation at the left shoulder and left elbow. On 12/26/2014, Utilization Review (UR) non-certified a request for a XXXXXXXXXX Bed, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of [REDACTED] 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 (ODG), Low back Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, mattress selection

Decision rationale: The patient has persistent complaints of low back pain and radiating pain into the lower extremities bilaterally. The current request is for a [REDACTED] bed. The CA MTUS does not discuss therapeutic mattresses or any other type of bedding for the treatment of low back pain. The ODG notes there are no quality studies to support the purchase of a therapeutic mattress 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 considers only hospital beds as medically necessary. In this case, the attending physician does not provide any explanation of how a [REDACTED] bed translates into a therapeutic tool for this patient's low back condition. The available medical records for review do not support medical necessity and therefore, the recommendation is for denial.