

Case Number:	CM15-0017780		
Date Assigned:	02/05/2015	Date of Injury:	10/04/2011
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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:

This 62 year old female sustained an industrial injury on 10/4/11 with subsequent ongoing headaches and neck, back and left elbow pain. Magnetic resonance imaging spine (11/26/14) showed a transitional first vertebra, minimal retrolisthesis with disc bulge and facet joint arthropathy, minimal central canal stenosis and severe arthropathy. EMG/NCV bilateral upper extremities (9/17/14) showed moderate to severe right carpal tunnel syndrome, mild left carpal tunnel syndrome and mild sub-acute right C6-7 radiculopathy. Magnetic resonance imaging cervical spine (2/2/12) showed disc bulge with disc height reduction. Treatment included cervical spine facet joint block, acupuncture, occipital nerve blocks and medications. In a PR-2 dated 12/24/14, the injured worker complained of persistent headaches and constant hip, back and neck pain 8/10 on the visual analog scale with radiation to bilateral shoulders and hands. The injured worker complained of being unable to sleep due to pain, discomfort and the need to constantly re-adjust positions causing depression, frustration, decreased concentration and forgetfulness. The treatment plan included ergonomic work place adjustments, Flector patch twice a day, continuing Nucynta, a prescription for Floricet, requesting occipital nerve block and requesting adjustable bed to decrease back and neck pain. On 1/7/15, Utilization Review noncertified a request for adjustable number bed, quantity: 1 citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable number bed, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, page 527

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

Decision rationale: The patient presents with persistent headaches and constant hip, back and neck pain along with associated pain into the hands bilaterally. The current request is for an adjustable # bed, quantity: 1. The attending physician report dated 12/24/14 states that the patient is unable to sleep, waking up 2-3 times per night due to pain and discomfort. She is constantly adjusting her position. He requests an adjustable bed to decrease back and neck pain at night. 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 an adjustable number bed translates into a therapeutic tool for this patient's spinal complaints, or how it is superior to the use of pillows and other home health devices for body positioning. The available medical records for review do not support medical necessity and therefore, the recommendation is for denial.