

Case Number:	CM15-0110313		
Date Assigned:	06/16/2015	Date of Injury:	12/09/2000
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 56-year-old female, who sustained an industrial injury on 12/09/2000. According to a pain medicine re-evaluation dated 04/24/2015, the injured worker reported neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities, left knee pain, left groin pain, ongoing depression, gastritis related gastrointestinal upset and occasional nausea. Pain was improved with bed rest and had recently worsened. She was status post L4-S1 lumbar fusion on 03/30/2015. She needed to sleep with her back raised and positioning herself with pillows was not adequate. Diagnoses included lumbar radiculopathy, status post fusion lumbar spine L4-5, L5-S1, anxiety, depression and gastritis. The treatment plan included transfer to new psychiatrist, appeal for orthopedic bed/generic mattress, authorization for an adjustable bed and medications. The provider noted that the injured worker met the criteria for a hospital bed, which included a medical condition, which required positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain. Currently under review is the request for 1 orthopedic bed with mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 orthopedic bed with 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): 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) Chapter Low Back, Ortho Mattress, pages 459-460.

Decision rationale: MTUS/ACOEM Guidelines do not address orthopedic mattress; however, ODG does not recommend specialized mattresses for spinal cord injuries not demonstrated here with unchanged chronic pain symptoms and clinical exam without progressive neurological deficits. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The 1 orthopedic bed with mattress is not medically necessary and appropriate.