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| Case Number: | CM15-0126378 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 01/13/2000 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year old male who sustained an industrial injury on 01/13/2000 when he fell from a step. The injured worker has a medical history of hypertension and diabetes mellitus. The injured worker was diagnosed with lumbar intervertebral disc displacement without myelopathy, chronic pain syndrome and opioid type dependence. No surgical interventions were documented. Treatment to date has included diagnostic testing, dental consultation and treatment, exercise program and medications. According to the primary treating physician's progress report on May 27, 2015, the injured worker continues to experience head, neck, shoulder and upper back pain with radiation to both arms and mid and low back pain with radiation to both legs, greater on the left leg. The injured worker reports the pain is worse at night. The injured worker rates his pain level at 6/10 with medications and 9/10 at its worst. The injured worker ambulates with a cane and has an antalgic gait. Examination of the lumbar spine demonstrated range of motion to forward flexion at 40 degrees, extension at 10 degrees and bilateral side bending at 20 degrees ach. Rotation is limited. There was normal alignment with mild loss of lumbar lordosis. Positive facet loading maneuver was positive bilaterally. Deep tendon reflexes were symmetric at 2+/4 in the bilateral lower extremities except in the left ankle which was 1/4. Motor strength testing was normal in all muscle groups of the bilateral upper and lower extremities. The injured worker can independently don and doff shoes and get on and off of the exam table. Current medications are listed as Morphine Sulfate ER 30mg, Cymbalta, Trazodone, Nucynta and Omeprazole. Treatment plan consists of medication regimen, walking exercises and the current request for an adjustable bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One adjustable 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 - Lumbar & Thoracic (Acute & Chronic): Mattress selection (2015); National Clearinghouse 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: MTUS Guidelines do not address this issue. ODG Guidelines address the issue of bedding for chronic low back pain and the Guidelines state that no particular sleeping surface is recommended for the treatment of low back pain. There are no Guideline recommendations for an adjustable bed for chronic low back pain and there are no neurological deficits that would preclude the ability to independently utilize a usual and customary bed. If there is some specific position that is shown to be medically necessary, this is often evaluated by a physical therapist and specific wedging is recommended and fitted. Under the current circumstances, the request for an adjustable bed purchase is not supported by Guidelines and is not medically necessary.