

Case Number:	CM15-0127527		
Date Assigned:	07/14/2015	Date of Injury:	11/30/2012
Decision Date:	08/10/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 64 year old female who sustained an industrial injury on 11/30/12. She had complaints of low back pain. Treatments include medications, physical therapy, injections and acupuncture. Primary treating physician's progress note dated 5/26/15 reports complaints of chronic low back pain. The pain is constant, dull and sharp and is made worse by prolonged sitting and walking, rated 7-8/10. She has a dull pain that radiates down her left leg 3-4 times per week. The pain is made better by reclining and taking pain medications. Diagnoses include: chronic bilateral lumbar radiculopathy and lumbar spondylosis. Plan of care includes: continue physician's office visits, continue pain medication, continue periodic spinal injections including epidural steroid injections and facet joint injections, repeat electrodiagnostic testing, request authorization for a tempur-pedic or sleep number bed which has positioning capabilities. Disability status: maximum medical improvement and is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-pedic or sleep number bed-purchase for the lumbar spine: 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), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. In addition, the ODG does not recommend mattresses for the treatment of lumbar pain. Therefore, criteria have not been met per the ODG and the request is not medically necessary.