

Case Number:	CM15-0172217		
Date Assigned:	09/14/2015	Date of Injury:	08/10/2007
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 57 year old female, who sustained an industrial injury on August 10, 2007, incurring right hip and knee injuries. Magnetic Resonance Imaging of the lumbar spine revealed degenerative disc disease and Electromyography studies showed sacral radiculopathy. X rays of the back showed lumbar spondylosis and x-rays of the knees showed tricompartmental narrowing. She was diagnosed with lumbar degenerative disc disease, bilateral hip arthrosis and chondromalacia of her knees. Treatment included aqua therapy, anti-inflammatory drugs, muscle relaxants, antidepressants, pain medications, exercising, transcutaneous electrical stimulation unit, topical analgesic creams, weight loss program and restricted activities. Currently, the injured worker complained of persistent right hip pain, knee and low back pain radiating to the entire right lower extremity and knees. She noted decreased range of motion. She rated her hip pain 10 out of 10; her knees pain 8 out of 10 and her low back 10 out of 10. She noted anti-inflammatory drugs helped relieve her pain. It was aggravated by bending, stooping, squatting, descending stairs, lifting and self-care and grooming, cooking, driving, coughing, and sneezing. The treatment plan that was requested for authorization on September 1, 2015, included a psych consultation and a sleep number bed-California King. On July 29, 2015, utilization review, requests for a psyche consultation and a sleep number bed was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: The patient presents with pain in the low back, bilateral hips and bilateral knees. The request is for Psych Consultation. Physical examination to the bilateral hips on 05/28/15 revealed tenderness to palpation and range of motion was noted to be decreased. Per Request for Authorization form dated 06/23/14, patient's diagnosis includes lumbar spine discopathy. Patient is temporarily totally disabled. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treater has not specifically addressed this request. The patient continues with pain in the low back, bilateral hips and bilateral knees. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychological factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it is medically necessary.

Sleep number bed - California King: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and Mattress Selection Section.

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 - Lumbar & Thoracic Chapter, under Mattress Selection Knee & Leg Chapter, Under Durable Medical Equipment.

Decision rationale: The patient presents with pain in the low back, bilateral hips and bilateral knees. The request is for Sleep Number Bed - California King. Physical examination to the bilateral hips on 05/28/15 revealed tenderness to palpation and range of motion was noted to be decreased. Per Request for Authorization form dated 06/23/14, patient's diagnosis includes lumbar spine discopathy. Patient is temporarily totally disabled. MTUS and ACOEM are silent on orthopedic beds. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress

Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment 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. (McInnes, 2011)" ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. The treater has not specifically discussed this request; no RFA was provided either. ODG guidelines state that pressure ulcers may be treated by special support surfaces designed to redistribute pressure. In this case, there is no mention of pressure ulcers that would warrant a special support surface. Furthermore, ODG's definition of DME states that it must primarily be used for a medical purpose and not generally useful in the absence of an illness and a sleep number bed is routinely used for non-medical purposes as well. The request is not in accordance with guideline recommendations and therefore, is not medically necessary.