

Case Number:	CM15-0091274		
Date Assigned:	05/15/2015	Date of Injury:	06/04/1993
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, New York, 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 applicant is a represented 64-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 4, 1993. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve requests for a shower chair and a Sleep Number adjustable bed. An RFA form received on April 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated March 30, 2015, a shower chair, sacroiliac joint radiofrequency ablation procedures, and the Sleep Number adjustable bed in question were proposed. In an associated progress note dated March 30, 2015, the applicant reported ongoing complaints of low back pain, 3/10 with medications versus 8/10 without medications. The applicant was apparently using a cane to move about. The applicant had undergone earlier lumbar spine surgery, it was incidentally noted. Lumbar radiofrequency ablation procedures, a shower chair, and a Sleep Number adjustable bed were endorsed. The attending provider stated that the applicant had pain getting in and out of bed. The applicant stated that she had done some research on mattresses and felt that the adjustable mattress in question was the most appropriate option for her. The attending provider stated that the applicant needed a shower chair to prevent falling in the shower. The applicant was apparently using a cane in the clinic setting, it was acknowledged. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working following the imposition of permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number adjustable bed x12 model: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins, Number: 0543, Subject: Hospital Beds and Accessories Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 410 ACOEM Occupational Medicine Practice Guidelines Low Back Disorders, 3rd ed7. Recommendation: Specific Beds or Other Commercial Products for Prevention or Treatment of Acute, Subacute or Chronic Low Back Pain Specific beds or other commercial sleep products are not recommended for prevention or treatment of acute, subacute, or chronic low back pain. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the proposed Sleep Number adjustable bed-Model 12 was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of beds or other commercial products. However, the Third Edition ACOEM Guidelines Low Back Chapter notes on page 410 that specific beds or other commercial sleep products are "not recommended" in the treatment of chronic low back pain, as was/is present here. The attending provider failed to furnish a compelling rationale for selection of this particular article in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Procedure Summary Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Durable medical equipment (DME).

Decision rationale: Conversely, the request for a shower chair was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Knee and Leg Chapter Durable Equipment topic notes that certain DME toilet items such as the shower chair in question are medically necessary if an applicant is bed-or room-confined and said device is prescribed as part of a medical treatment plan for injuries or other conditions which result in physical limitations. Here, the applicant was described as having significant physical limitations evident on the March 30, 2015 office visit at issue. The applicant was semi-ambulatory and was apparently using a cane to move about. The attending provider expressed concern that the applicant might slip and/or fall while in the shower. Provision of a shower chair, thus, would have served a valuable role in stabilizing the applicant while showering. Therefore, the request was medically necessary.