

Case Number:	CM15-0097885		
Date Assigned:	05/29/2015	Date of Injury:	10/10/2002
Decision Date:	07/07/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/20/2015

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, 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:

This 52 year old male sustained an industrial injury on 10/10/02. He subsequently reported low back pain. Diagnoses include lumbar degenerative disc disease, segmental degenerative disease and severe stenosis. Treatments to date include MRI and x-ray testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience increased mechanical back pain and a feeling of instability. He feels there is a shifting with flexion/extension. Upon examination, there is increased symptomatology with palpation along the region of L2-3 and L4-5. A request for a king size bed was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

King size 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, Low Back - Lumbar & Thoracic (Acute & Chronic): Mattress selection. (2015).

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.

Decision rationale: CA MTUS does not address this issue. ODG indicates that there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. In this case, the patient complains of low back pain and "instability." Therefore, the request for a king size bed is deemed not medically necessary or appropriate.