

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on January 19, 2005.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0525-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- Correspondence

Information provided by Treating Doctor:

- Letter of medical necessity
- Office notes 07/20/04 – 09/15/04

Information from Pain Mgmt. Specialist:

- Office notes 08/06/04 – 12/06/04
- Radiology report 08/04/04

Information provided by Physical Medicine Specialist:

- Office notes 09/07/04 – 11/23/04

Clinical History:

The patient was injured on ___ during a work-related incident. Since that time, the patient has had an aggressive treatment program. The records indicate the patient has been treated conservatively for several months, including chiropractic management and adjunctive therapy. He continues to experience problems, which necessitate medication as well as epidural steroid injections.

The most recent office notes indicate the doctor was attempting to seek discogram approval from the insurance carrier. Apparently, this patient has slept on his own mattress or bedding since his ___, as well as continues to sleep on his own bedding up to the date of this report.

Disputed Services:

Purchase of a Craftmatico Monaco adjustable bed.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that purchase of an adjustable bed as stated above is not medically necessary in this case.

Rationale:

There is no clear-cut documentation, or clinical justification, or proof to indicate that the requested DME would promote healing and/or stabilization of this patient's on the job injury. Granted, a universal statement could be made based on the fact that most people do sleep on their own bedding. Also, there are no treatment guidelines, which allow for the purchase of this type of special DME in cases of this nature.

In conclusion, it was not reasonable, usual, customary, or medically necessary for the proposed purchase of the Craftmatico Monaco adjustable bed to treat this patient's injuries sustained on the job.