

Case Number:	CM13-0003192		
Date Assigned:	07/07/2014	Date of Injury:	09/20/2008
Decision Date:	08/18/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 y/o female, DOI 9/20/08. Subsequent to the injury she developed chronic low back pain with a radicular component. She has been treated with a L4-5, L5-S1 fusion. The chronic low back pain persists and current treatment consists of oral analgesics with daily use of Norco and Gabapentin. The treating Dr. notes that the patient states that she has difficulty sleeping on her mattress. It does mention what the perceived problem is i.e. to firm or to soft.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMPURPEDIC MATTRESS/CLOUD SELECT: 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).

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 Acute and Chronic, Mattress selection.

Decision rationale: MTUS Guidelines do not address this specific issue, but other standard Guidelines do. A particular branded or type of mattress is not medically necessary for treatment of low back pain. If the patients mattress is felt to be too hard or to soft there are simple changes to a mattress that can be trialed to see if there is improvement. If there is a need for foam

wedging a physical therapy evaluation and recommendations can be trialed with simple foam wedges. The branded TempurPedic mattress and accessories is not medically necessary.

HP FOUNDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Acute and Chronic, Mattress selection.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PREMIUM PACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Acute and Chronic, Mattress selection.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

QUEEN FRAME] 5/8 ' CASTERS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Acute and Chronic, Mattress selection.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DEGREE 4 TWILIGHT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Acute and Chronic, Mattress selection.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TEMPUR CLOUD PILLOW QUEEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Acute and Chronic, Mattress selection.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.