

Case Number:	CM13-0008730		
Date Assigned:	11/01/2013	Date of Injury:	05/29/2009
Decision Date:	01/16/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management 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 physician 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 58-year-old female who reported an injury in March of 2004 due to cumulative trauma while performing normal job duties. The patient was initially treated conservatively with physical therapy and medications. The patient continued to have chronic symptoms that were treated with psychological consultation, physical therapy, and chiropractic care. The patient underwent cervical spine surgery in 2009 with hardware removal in 2011. The patient continued to have chronic pain complaints of the cervical and lumbar spine. The patient's most recent exam findings included tenderness to palpation in the cervical and lumbar spine with spasms and decreased range of motion. The patient's diagnoses included carpal tunnel syndrome, status post open reduction, internal fixation fracture, total disc arthroplasty, and degenerative disc disease at the L5 through S1. The patient's treatment plan included a new mattress and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Memory foam mattress, Queen size: 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 Chapter, Mattress selection

Decision rationale: Official Disability Guidelines do not recommend firmness as the sole criteria for mattress selection. The clinical documentation submitted for review does not address how a queen sized memory foam mattress will contribute to the patient's treatment plan. There are no other indications aside from comfort to support the need for this mattress selection. The use of firmness as sole criteria for mattress selection is not supported by scientific evidence. The request for a queen sized memory foam mattress is not medically necessary and appropriate.

Acupuncture therapy, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review does not provide evidence that the patient has recently undergone a trial of acupuncture treatments to establish the efficacy of this treatment modality. Additionally, there is no documentation to support that the patient is actively participating in an exercise therapy program to support the addition of acupuncture treatment. The request for three sessions of acupuncture is not medically necessary and appropriate.