

Case Number:	CM13-0011974		
Date Assigned:	03/19/2014	Date of Injury:	11/12/2009
Decision Date:	04/30/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/16/2013

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 47 year old male who was injured on 11/12/2009. The patient states he sustained an injury while he was doing some heavy lifting and felt immediate pain in the lower back. Prior treatment history has included physical therapy, aquatic therapy, analgesics, muscle relaxants, diazepam, and Gabapentin. The patient underwent a right sided discectomy at L4-L5. Diagnostic studies reviewed include MRI of lumbar spine dated 04/05/2013 revealed disk dissection at L4-L5 and L5-S1. Annular tear at L3-L4. Postoperative changes are present at the right L4-L5. There is disk herniation along with granulation tissue in the lateral recess which is causing stenosis at L4-L5. X-rays 4 views of lumbar spine revealed mild disk space narrowing at L4-L5. There is no spondylosis or spondylothesis. There is no severe arthrosis. A supplemental report dated 09/04/2013 indicated the patient is diagnosed 1) Leg pain, left greater than right, status post right L4-L5 discectomy; 2) L4-L5, L5-S1 disk dissection; 3) L3-L4 annular tearing; 4) The patient is recommended a revision of discectomy on the right at L4-L5. The primary back of the patient would need to be treated with either a fusion procedure or disc replacement procedure. It is recommended to the patient to undergo discogram. A PR2 dated 12/10/2013 documented the patient to have muscle spasm. Objective findings on exam revealed the patient is tender to palpation UM bilaterally, QL bilaterally; decreased sensation, right lower extremity L5-S1. Range of motion flexion 20 degrees; extension 8 degrees; right bending 10 degrees; left bending 10 degrees. The patient is diagnosed with 1) L4-L5 and L5-S1 right lower extremity radiculopathy; 2) L4-L5 laminectomy; 3) L4-L5 3 mm disk protrusion; 4) L5-S1 annular fissure with fibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Mattress selection.

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, section on mattress selection.

Decision rationale: According to the ODG, orthopedic mattresses are not recommended to use. There are no high quality studies to support any type of specialty mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers from spinal cord injuries may be treated by special support services including bed, mattresses and cushions designed to distribute pressure. The medical records did not document any specific clinical findings that indicate using special mattress for pressure ulcers due to related injury as mentioned in the guideline. Accordingly, the request for an orthopedic mattress is not medically necessary and appropriate.