

Case Number:	CM13-0015796		
Date Assigned:	10/10/2013	Date of Injury:	10/22/1999
Decision Date:	01/22/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery 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 50-year-old female who sustained an injury to the low back on 10/22/99. Clinical records for review lacked documentation of imaging, recent conservative care, or formal physical examination findings. Available for review was a prior report indicating the claimant had been with multiple orthopedic injuries since time of the initial injury with notation of imaging consisting of a 2007 prior MRI which was reported with findings of degenerative changes at the L4-5 and L5-S1 level. There is no indication of prior surgical history noted. An authorization request was submitted for an orthopedic mattress and box spring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic mattress and box spring set (king size): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Procedure - Mattress Selection.

Decision rationale: California ACOEM Practice Guidelines state that bed rest has been used as a treatment for acute low back pain; however, debilitation and irritation can result from

prolonged bed rest. The most severe cases of low back pain can be treated with one to two days of bed rest, but bed rest is not advisable as routine treatment. When looking at the ODG criteria, mattress selection is not recommended in the chronic pain or low back setting. No high quality studies support the purchase of any type of specialized mattress or bedding as a treatment for low back complaints. Mattress selection is subjective and dependent upon numerous personal preferences and individual factors. This request for an orthopedic mattress and box spring set (king size) is not medically necessary or appropriate.