

<b>Case Number:</b>	CM13-0016534		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 29-year-old who reported an injury on October 22, 2012. The mechanism of injury was not stated. The patient is diagnosed with lumbar sprain, moderate acute paraspinal muscle spasm, lumbar radiculitis, depression, and lumbar degenerative disc disease. The patient was seen by [REDACTED] on October 1, 2013. The patient reported 9/10 lower back pain. Physical examination revealed positive straight leg raising, positive Lasegue's testing, tenderness to palpation, severely restricted range of motion, and motor weakness. Treatment recommendations included a memory foam bed and chiropractic treatment twice per week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEMORY FOAM BED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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:** The Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. The medical necessity for the requested durable medical equipment has not been established. The request for a memory foam mattress is not medically necessary or appropriate

**OUTPATIENT CHIROPRACTIC CARE FOR THE LUMBAR SPINE (2 TIMES PER WEEK FOR 6 WEEKS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the patient's physical examination does reveal severely restricted range of motion with motor weakness and tenderness to palpation. However, the current request for chiropractic treatment twice per week for 6 weeks exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. The request for outpatient chiropractic care for the lumbar spine, twice per week for six weeks, is not medically necessary or appropriate.