

Case Number:	CM13-0021627		
Date Assigned:	11/13/2013	Date of Injury:	07/12/2010
Decision Date:	01/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine and is licensed to practice in Texas. 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:

This patient is a 42-year-old female who reported an injury on 07/12/2010. The patient is currently assessed with post laminectomy syndrome of the lumbar spine, muscle spasms, general muscle weakness, and abnormal posture. The mechanism of injury is indicated as lifting of boxes, at which time the patient injured her low back. The most recent clinical evaluation of the patient was submitted on 06/18/2013 with the patient having complaints of low back pain. The patient indicated having increased back pain, buttock pain, spasms, and right lower extremity radiculopathy, as well as weakness. Notes indicate prior procedures for the patient have consisted of microdiscectomy at L2, L3, L4, and L5 with the patient having undergone also epidural steroid injections to the lumbar spine as well as formal physical therapy. The patient also has prior history of radiofrequency ablation. Objective evaluation of the patient noted weakness of 4+/5 to 5-/5 of the right extensor hallucis longus as well as decreased right thigh flexors, knee flexors and extensors, with 5/5 strength noted to the left side. Seated straight leg raise was positive for low back pain and distal radiation and tenderness was noted to the right buttock and down the right leg. Treatment plan notes indicated the recommendation for a new lumbar MRI and for the patient to undergo acupuncture therapy. Furthermore, a recommendation was made for neurological evaluation and for bilateral lower extremity EMG/NCV studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special mattress: Sealy Posturepedic Dial by Numbers bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, mattress selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter, Mattress Selection.

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address mattresses. The Official Disability Guidelines state that it is not recommended to use firmness as sole criteria. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. There is a lack of documentation submitted for review to indicate a clear clinical rationale for the necessity of a Sealy Posturepedic Dial by Numbers bed. While prior review indicates that the physician has requested a special mattress to provide the most comfort and to give the patient the best support, the guidelines do not support the recommendation for the use of firmness as sole criteria. Furthermore, there are no indicated high quality studies noted in the guidelines to support purchase of any specialized type of mattress or bedding as a treatment for low back pain. Given the above, the request for Sealy Posturepedic Dial by Numbers bed is not medically necessary and appropriate.