

Case Number:	CM13-0023025		
Date Assigned:	12/11/2013	Date of Injury:	03/23/2008
Decision Date:	01/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation 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 40 YO, male with an injury date of 3/23/08. The patient's diagnoses are sprain of the lumbar spine with lower extremity radiculitis, disc bulge L5-S1, myalgia paresthetica on the L trochanteric bursitis, internal derangement of the L knee. Per 11/01/13 Patient reports, pain decreased from 3 to 1 when taking medication. Lower Back Pain (LBP) is constant with numbness and tingling, weakness on left leg, L hip and L thigh pain continues. MRI of L-spine showed left paracentral and foraminal 5mm disc protrusion from 10/29/13. The treater wrote a prescription for an "orthopedic mattress" on 8/23/13, and 7/22/13. This request was denied by UR letter 9/5/13 with the rationale that based on the guidelines, no studies support the purchase of any type of specialized mattress for treatment of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 orthopedic mattress with accessories DOS: 7/11/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: This patient suffers from chronic low back pain and the treater has asked for an orthopedic mattress. The treater does not provide any discussion or rationale for the request other than the patient's pain. MTUS and ACOEM guidelines do not discuss orthopedic mattresses. ODG guidelines states that medium-firm mattresses can have better outcomes from non-specific back pain, but that this is still under study. As of yet, providing mattresses as an evidence-based medical treatment has not been accepted. Recommendation is for denial.