

<b>Case Number:</b>	CM13-0023794		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 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:

The patient is a 48-year-old male who reported an injury on 08/07/2000. The patient is currently diagnosed with lumbar degenerative disc disease with facet arthropathy and foraminal stenosis, bilateral lower extremity radiculopathy, urologic incontinence, cervical spondylosis, reactionary depression with anxiety, medication induced gastritis, and xerostonia with multiple carries secondary to chronic narcotic use. The patient was recently seen by [REDACTED] on 07/01/2013. The patient reported 8/10 lower back pain with radiation to bilateral lower extremities. The physical examination revealed slow and antalgic gait, excessive tooth decay with swollen and inflamed gingiva, tenderness to palpation bilaterally, diminished range of motion, positive straight leg raising bilaterally, and decreased sensation in an L5-S1 distribution. The treatment recommendations included continuation of current medications and an authorization request for an MRI of the lumbar spine as well as a repeat lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause including magnetic resonance imaging or neural or other soft tissue abnormality. The Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma, uncomplicated low back pain with exceptional factors, and myelopathy. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on 04/19/2005. There is no documentation of any progressive neurological deficit. The patient's physical examination revealed no changes from previous examinations by [REDACTED]. The medical necessity for the requested service has not been established. As such, the request is non-certified.

**DME California King Orthopedic Mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, is used by successive patients, is primarily and customarily used to serve a medical purpose, and is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The medical necessity of a mattress does not appear to be supported as there is no high grade evidence to support any 1 particular type of mattress as being superior to another. Furthermore, Official Disability Guidelines identifies that mattress selection is subjective, and dependent on personal preference and individual factors. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.