MAXIMUS Federal Services

Case Number:	CM13-0026086		
Date Assigned:	11/22/2013	Date of Injury:	05/30/1996
Decision Date:	01/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

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:

This is a 62-year-old female who suffered a vocationally related injury May 10, 1996. Records reflect that she has undergone an anterior cervical discectomy and fusion at three levels (C5 through T1) and has been diagnosed with chronic cervical pain and fibromyalgia. The request was to determine the medical necessity of an orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Mattress for support to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on the Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Low Back Chapter - Mattress selection

Decision rationale: The evidence based Official Disability Guidelines would not support the recommendation in this particular case. The guidelines point out that there are no well controlled peer reviewed studies that have documented clinical benefit of commercial sleeping products such as a specific mattress as a modality for treating chronic neck or axial back pain. Thus, the

request would not be considered reasonable or medically necessary. As such, I would uphold the adverse determination in this setting