

Case Number:	CM13-0028059		
Date Assigned:	11/22/2013	Date of Injury:	12/10/2008
Decision Date:	01/30/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 Family Practice, has a subspecialty in 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.

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 35-year-old female who reported an injury on 12/10/2008. The patient is currently diagnosed with lumbar disc herniation at multiple levels with radiculopathy, status post lumbar spinal surgery with continued pain, possible painful hardware, myofasciitis, sacroiliitis, situational reactive depression secondary to pain, and cervicogenic headaches. The patient was seen by [REDACTED] on 06/27/2013. Physical examination revealed slightly decreased range of motion of the cervical spine, mild to moderate tenderness down the posterior columns into the trapezius, myofasciitis in the trapezius muscles to the shoulders, full passive range of motion of the bilateral upper extremities, normal alignment and curvature of the lumbar spine, well healed surgical scars, decreased range of motion secondary to pain, moderate to severe tenderness from the high lumbar area down to the sacrum, moderate sacroiliitis and pain over the SI joints bilaterally, and pain with facet maneuvers. Treatment recommendations included continuation of current medications, a request for 8 pain management psychology visits, and 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: Upheld

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

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

Decision rationale: Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on person preference and individual factors. As per the clinical notes submitted, the patient is status post fusion and hardware placement at L4-5 with spinal cord stimulator placement. The patient continues to present with ongoing complaints of pain in the neck and low back area. It is unclear how the requested item will specifically address the patient's current condition or improve function. The medical necessity for the requested service has not been established. As such, the request is non-certified