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| Case Number: | CM13-0030885 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 09/12/2011 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 10/01/2013 |

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, has a subspecialty in Interventional Spine 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 48 year old female with a date of incident of 09/12/2011. According to the PR-2 reports submitted by ██████████ (2/15/13 - 10/23/13), the patient's diagnoses include disk herniation at L4-L5 and radiculopathy. According to ██████████ report from 08/23/13, the patient's subjective complaints are of low back pain that radiates down the leg. The patient is quite frustrated with the pain but she would like to avoid surgery. Subsequently on 9/20/13, ██████████ states, "she is still waiting for authorization for the orthopedic mattress that is why she is sleeping in a couch."

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 Official Disability Guidelines (ODG) and the Anthem Clinical UM Guideline.

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

Decision rationale: The California MTUS does not contain any recommendations for an orthopedic mattress, nor does ACOEM. The ODG does provide some information on current studies, but in regard to the diagnoses in question states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." In the absence of any national, evidence-based studies or guidelines that indicate mattresses, in any form or firmness, are an effective form of treatment for the diagnoses in question, recommendation is for denial.