

Case Number:	CM13-0031226		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2003
Decision Date:	02/25/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 & 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 42 year old male with a date of injury of 07/17/2017. The listed diagnoses per [REDACTED] dated 08/28/13 are: 1. Chronic Lumbosacral strain with radiation of lower extremity 2. Right knee patellofemoral chondromalacia According to report dated 08/28/2013 by [REDACTED] patient presents with continued pain in his lower back and right knee. It was noted that patient's pain is worsening with occasional radiation to the left and right extremity. Patient reports slight increase in pain "when he wakes up from bed." Examination showed limited range of motion of the lumbar spine. There was tenderness to palpation noted over the paraspinal muscles bilaterally. Kemp's test was positive on the right side. Treater is requesting a change in bed and mattress as the patient notes increase pain in the mornings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-Pedic Rhapsody breeze queen size mattress with frame between 8/28/2013 and 12/5/2013: 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), Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: This patient presents with continued pain in his lower back and right knee. Treater is requesting a change in bed and mattress as the patient notes increase in back pain in the mornings. The MTUS and ACOEM guidelines do not discuss orthopedic mattresses. However, ODG guidelines does quote one study and indicates that this is under study: "Under study. A recent clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability. A mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003)" Furthermore, ODG guidelines discusses durable medical equipment and states that for an equipment to be considered medical treatment, it needs to be used primarily and customarily for medical purpose; generally is not useful to a person in the absence of illness or injury. As of yet, providing mattresses as an evidence-based medical treatment has not been accepted. The requested queen mattress and frame is not medically necessary and recommendation is for denial.