

Case Number:	CM13-0031322		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2010
Decision Date:	03/06/2014	UR Denial Date:	09/25/2013
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 and Rehabilitation, 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 36-year-old male who sustained injury on 08/31/2010 while he was lifting a chair at work and developed severe lower back pain. A note dated 12/20/2012 by the provider indicates that the patient started experiencing severe radiating left leg pain associated with numbness and tingling in March 2012. An MRI (magnetic resonance imaging) dated 03/28/2012 showed disc bulge at L3-4 and L4-5 with moderate L4 foraminal narrowing. Subsequently, the patient underwent left L4-5 discectomy on 06/12/2012. Postoperatively, he continued to experience lower back pain and right leg pain. He was treated with lumbar ESI (epidural steroid injection) and 12 sessions of work hardening program. The treatment plan was lumbar MRI with gadolinium, 6 sessions of physical therapy, ESIs x3, and medications. The patient then continued to follow up with the provider and was treated with more lumbar ESIs. A note dated 09/12/2013 indicates that the patient presented with 50% reduction in his back pain for 3 days following 07/26/2013 right L3 and L4 ESI. He complained of 2/10 pain in right upper buttock area. He denied radiating leg pain, numbness, tingling, weakness, or loss of bowel or bladder control. On physical exam, lumbar flexion was 70 degrees causing right back pain, extension 30 degrees pain free, SLR (straight leg raise) at 55 degrees pain free. Bilateral patellar and Achilles reflexes were 2+ with toes down going, full strength in lower extremities. The impression was right L3-4 disc protrusion. The plan was purchase of a Tempur-Pedic mattress. The patient was taking no medications and was working modified duty with no lifting more than 20 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-Pedic Mattress Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 and Thoracic (Acute & Chronic), Mattress selection

Decision rationale: The CA MTUS guidelines have no reference about mattress selection. As per Official Disability Guidelines (ODG), the 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. In regards to this case, the provider documented that patient reported mild pain, 2/10 with no radiating leg pain, numbness, tingling, weakness, or loss of bowel or bladder control. There was no objective impairment or disability on physical examination with good motion and no neurological deficits. Further as per ODG, " there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." It is unclear from the records review the importance of specific selection of mattress. Therefore, the request for purchase of a Tempur-Pedic mattress is not medically necessary.