MAXIMUS Federal Services

Case Number:	CM13-0034353		
Date Assigned:	12/06/2013	Date of Injury:	08/04/2010
Decision Date:	02/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiologist & Pain Medicine and is licensed to practice in Florida. 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 26-year-old female who reported an injury on 08/04/2010. The patient is currently diagnosed with acute industrial thoracic sprain and strain. The patient was recently seen by [redacted] on 06/03/2013. The patient reported mid back pain without radiation. Physical examination revealed tenderness to palpation over the midline of the thoracic spine with parathoracic muscle spasm, intact sensation, 5/5 motor strength in bilateral lower extremities, 30 degree extension, 30 degree rotation, and negative straight leg raising. The patient was placed at maximum medical improvement.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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 Chapter, Mattress Selection.

Decision rationale: The Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. The medical necessity for the requested service has not been established. Therefore, the requested Orthopedic Mattress is non-certified.