

Case Number:	CM13-0034850		
Date Assigned:	12/11/2013	Date of Injury:	10/18/2004
Decision Date:	02/12/2014	UR Denial Date:	10/02/2013
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 61-year-old male who reported an injury on 03/24/2012 due to cumulative trauma while performing normal job duties that resulted in neck pain radiating into the bilateral upper extremities and low back pain radiating to the bilateral lower extremities. Treatments included physical therapy, chiropractic care, medications, and psychiatric support. The patient's most recent clinical examination findings included reduced range of motion secondary to pain of the cervical and lumbar spine, reduced shoulder range of motion and positive impingement sign with tenderness and spasming along the paravertebral musculature and the cervical and lumbar spine. The patient's diagnoses included multilevel cervical disc disease with radiculopathy, bilateral shoulder impingement, and bilateral limb tendonitis. The patient's treatment plan includes a Tempur-Pedic pillow and a Tempur-Pedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-pedic 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The requested Tempur-Pedic mattress is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic lumbar and cervical pain. Official Disability Guidelines do not recommend equipment to be considered medically necessary unless it is not useful to the patient in the absence of injury or illness. A Tempur-Pedic mattress would not fall within this classification as it would be considered useful to the patient in the absence of injury or illness. Additionally, Official Disability Guidelines recommend rental over purchase of durable medical equipment. Therefore, the purchase of a Tempur-Pedic mattress would not be supported. As such, the requested Tempur-Pedic mattress is not medically necessary or appropriate.

Tempur-pedic pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter and the Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: The requested Tempur-Pedic pillow is not medically necessary or appropriate. Official Disability Guidelines state that chronic neck pain should be treated by health professionals trained to teach with both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. The clinical documentation submitted for review does not provide any indication that the patient is participating in an exercise program that would benefit from the addition of a Tempur-Pedic pillow for cervical support. Additionally, Official Disability Guidelines do not recommend durable medical equipment that is useful to the patient in the absence of injury or illness. The requested Tempur-Pedic pillow would not be considered appropriate as it is considered useful in the absence of injury or illness. As such, the requested Tempur-Pedic pillow is not medically necessary or appropriate.