

Case Number:	CM13-0040785		
Date Assigned:	12/20/2013	Date of Injury:	07/13/2009
Decision Date:	02/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Practice, and is licensed to practice in Texas. 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 54 year old female who reported an injury on 07/13/2000. The mechanism of injury was the patient slipped and fell on some oil on the factory floor and injured the left side, left foot, low back, and left shoulder. The patient was diagnosed with lumbar disc with radiculitis, facet arthropathy syndrome, degeneration of lumbar disc, reflex sympathetic dystrophy of lower limb, and joint pain of the ankle. The patient continued to complain of low back and lower extremity pain. The patient stated that her pain remained the same since the last visit which was severe. The patient continues to have posterolateral dermatomal pain with tingling, numbness, and weakness of her lower extremities. The patient reported ongoing, severe pain in the low back and lower extremities that resulted in weakness that causes her to fall. MRI of the lumbar spine dated 05/29/2013 showed congenital left L5-S1 facet joint hypoplasia; mild central posterior disc protrusions at L4-5 and L5-S1 that indents the epidural fat and abut the anterior margin of the central Cerebrospinal fluid space, but did not appear to cause significant canal or significant foraminal stenosis and did not abut, displace, or impinge upon the roots. The physical examination revealed right thigh ecchymosis, right ankle with mild swelling, tenderness to palpation over lateral malleolus, and decreased range of motion of the lumbar spine. The motor strength was 3/5 in the bilateral lower extremities. Sensation was heightened to light touch along L4 and L5 dermatomes of the left lower extremity. Straight leg raise test was positive bilaterally for radicular signs and symptoms until 45 degrees. The patient was being treated with Norco, Xanax, ketoprofen, Prilosec, and Soma with good benefit. The patient also uses Medrox cream and Lidoderm patches. The clinical documentation stated that after seeing a podiatrist, the podiatrist stated a tendon is torn on the left side. No surgery was recommended.

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IMR ISSUES, DECISIONS AND RATIONALES

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

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 (updated 10/09/13).

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, Mattress section.

Decision rationale: California MTUS/ACOEM does not address the request. Official Disability Guidelines do not recommend firmness of a mattress as sole criteria. The guidelines state there are no high quality studies to support purchases of any type of specialized mattress or bedding as treatment for low back pain. On the other hand, pressure ulcers may be treated by special support services designed to distribute pressure. The clinical documentation submitted for review does not meet the guideline recommendations. The patient continued to complain of low back pain. The patient stated that the pain was improving with the medication. The clinical documentation submitted for review did not indicate the patient had any pressure ulcers that needed to be treated with a special surface as recommended by the guidelines. Given the lack of documentation to support guideline criteria, the request is non-certified.