

Case Number:	CM13-0042178		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2011
Decision Date:	04/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 female with an injury date on 03/07/11. Based on the 07/03/13 supplemental report provided by [REDACTED], the patient is diagnosed with L5-S1 spondylolisthesis with bilateral lower extremity radiculopathy. [REDACTED] is requesting an orthopedic mattress. [REDACTED] is the requesting provider, and he provided treatment reports from 2/12/13- 11/06/13.

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: 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 OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK LUMBAR & THORACI CHAPTER MATTRESS SELECTION & TEMPUR-PEDI MATTRESS

Decision rationale: According to the 07/03/13 supplemental report provided by Dr. Sobol, the patient presents with L5-S1 spondylolisthesis with bilateral lower extremity radiculopathy. MTUS does not contain any recommendations for an orthopedic mattress, nor does ACOEM. ODG does provide some discussion and states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Under Durable Medical Equipment, ODG also states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, an orthopedic mattress is not primarily used for medical purpose. Recommendation is for denial.