

Case Number:	CM13-0042470		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2006
Decision Date:	02/26/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 60-year-old male who reported an injury on 07/27/2006. The mechanism of injury was not specifically stated in the medical records. His diagnoses include lumbosacral sprain and strain superimposed on mild multilevel lumbar degenerative disc disease; mild bilateral S1 radiculopathy; and bilateral chronic heel pad pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Atlantic Bed-Insignia Prodigy Adjustable: 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)

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 selection.

Decision rationale: According to the Official Disability Guidelines 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 further specifies that mattress selection is subjective and depends on personal preference and individual factors. The patient was noted to have low back pain and diagnosis including lumbar strain, degenerative disc disease, and radiculopathy. However, the Official

Disability Guidelines does not recommend specialized mattresses as a treatment for low back pain. Therefore, the request is not medically necessary.