

Case Number:	CM13-0045737		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2002
Decision Date:	03/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 14, 2002. Thus far, the applicant has been treated with the following analgesic medications, adjuvant medications, short acting opioids, a shoulder steroid injection, transfer of care to and from various providers in various specialties and unspecified amounts of psychotherapy. In a utilization review report of November 4, 2013, the claims administrator certified a request for shoulder steroid injection, Lyrica, Zanaflex, Percocet, denied a request for laboratory testing owing to lack of supporting documentation and denied a request for a mattress. A urine drug screen was also certified. The applicant's attorney subsequently appealed. In a November 21, 2013, office visit the applicant is described as having ongoing issues with psychological and orthopedic issues. He was given refills of Celexa, Effexor, Xanax, Seroquel, and Restoril. He was depressed. He is having difficulty sleeping. In a medical progress note of November 12, 2013, the attending provider noted that the applicant had ongoing issues with shoulder, low back pain and foot pain. An orthopedic sleep mattress was endorsed at the applicant's request. The laboratory testing and shoulder steroid injection were also sought. A lumbar support was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Sleep number 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, Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS does not address the topic of mattresses. As noted in the Third Edition ACOEM guidelines, mattress selection is considered a matter of individual preference. There is no recommendation for or against any specific commercial product such as a mattress. The ACOEM deems the topic of mattress to be one of personal preference as opposed to matter of medical necessity as there is no evidence that provision of any one particular mattress would necessarily ameliorate the applicant's multifocal pain complaints. Accordingly, the request remains non-certified, on independent medical review.