

Case Number:	CM13-0046296		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2011
Decision Date:	03/20/2014	UR Denial Date:	10/28/2013
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 Orthopedic Surgery, 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 33-year-old male who reported an injury on 01/27/2011. The mechanism of injury was noted to be the patient was unloading large irrigation pipes from a lawn at a dumpsite. The patient was atop of pipes sliding them down to his coworkers below and there were approximately 5 pipes left and the patient suddenly felt a loss of strength in the low back. The most recent documentation submitted for review indicated that the physician opined the patient should have an x-ray of the lumbar spine to significantly improve the patient's overall quality of life and treatment. He further opined the patient should have an orthopedic mattress to offer a massive improvement in the quality of life. The patient's diagnosis was noted to be a post-laminectomy syndrome of the lumbar region. The patient had back surgery on 07/14/2011. The request was made for an x-ray of the lumbar spine and a Sleep Number orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

One X-Ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: ACOEM Guidelines indicate an x-ray is appropriate if the physician believes it would aid in patient management. The clinical documentation submitted for review indicated the physician opined an x-ray would be appropriate to improve the patient's quality of life and seeking treatments. The clinical documentation submitted for review indicated that the patient had tenderness over the lumbosacral junction and the iliac crest. He further opined that in order to rule out instability and other factors, an x-ray examination was needed. The clinical findings were noted to be essentially unchanged. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to Guideline recommendations. There was a lack of documentation indicating there would be a change in treatment if there were positive findings on the x-ray. Given the above, the request for 1 x-ray of the lumbar spine is not medically necessary and appropriate.

One sleep number 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, Mattress Selection, Knee & Leg Chapter, DME.

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 Chapter, Mattress Selection, Knee & Leg Chapter, DME.

Decision rationale: Official Disability Guidelines indicate there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain and mattress selection is subjective and depends on personal preference. A bed would be considered durable medical equipment. Official Disability Guidelines indicate that durable medical equipment is appropriate when it can withstand repeated usage, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted for review indicated the patient required a Sleep Number mattress since the patient was suffering from severe persistent low back pain and the bed mattress is now orthopedically not beneficial to his spine. The clinical documentation provided for review failed to indicate that a mattress is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury. Given the above, the request for 1 sleep number orthopedic mattress is not medically necessary and appropriate.