

Case Number:	CM13-0048640		
Date Assigned:	12/27/2013	Date of Injury:	05/21/2001
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 56-year-old male who reported an injury on 05/21/2001. The mechanism of injury was not provided. The patient was noted to be prescribed a [REDACTED] mattress for the diagnosis of disc displacement without myelopathy, radiculopathy and spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur- Pedic 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).

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 Section, Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indicate that 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. Mattress selection is noted to be subjective and depends on the personal preference and individual factors. A mattress would be considered durable medical equipment. As such, the Official Disability Guidelines recommend durable medical equipment if there is a

medical need and if the device or system meets Medicare's definition of durable medical equipment. Durable medical equipment is noted to be equipment that can withstand repeated use, i.e. could normally be rented and used by successive patients, 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 a patient's home. The criteria for DME are not met. The clinical documentation submitted for review failed to provide documentation to include exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a [REDACTED] mattress is not medically necessary.