

Case Number:	CM13-0051530		
Date Assigned:	12/27/2013	Date of Injury:	08/07/1997
Decision Date:	03/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/14/2013

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 71 year old female who reported a work injury on 08/07/1997. The mechanism of injury to her low back the patient was pulling a stack of toe boxes when she felt a pulling in her hip. The clinical note dated 09/19/2013 the patient complained of low back pain that radiates to bilateral lower extremities, also right knee pain with a level of 6 on a scale of 0-10 with pain medication. The clinical note showed diagnosis of lumbar radiculopathy, lumbar failed surgery syndrome, status post lumbar fusion, chronic pain other, insomnia secondary to chronic pain, medication related dyspepsia, right knee pain and coccygodynia. Current medications that were listed in the clinical note as Protonix, Fluoxetine, Ambien, Hydrocodone-acetaminophen, Lidoderm 5% patch, Xoten-C pain relief lotion, with a request for EasyRest Queen Mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

An adjustable mattress base queen size: 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 Mattress.

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.

Decision rationale: The request for the EasyRest Mattress is non-certified. The patient has ongoing pain from low back injury that radiates to bilateral lower extremities with noted neck pain that radiates to both upper extremities. The Official Disability Guidelines 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. The patient is noted to use a cane for ambulation and have a moderate reduction in of range of motion of the lumbar spine. The provider gave no rationale in the current documentation for the need for the EasyRest mattress. Therefore, the request is non-certified.