

Case Number:	CM13-0052185		
Date Assigned:	06/13/2014	Date of Injury:	08/09/2012
Decision Date:	07/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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 expert 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 injured worker is a 29 year-old male who was reportedly injured on 8/9/12. The mechanism of injury was a slip and fall. The most recent progress note, dated 10/2/13, indicates that there are ongoing complaints of low back pain, and bilateral lower extremity pain with numbness in the left leg. The physical examination demonstrated lumbar spine, tenderness in the midline lumbar spine from L1 to L5, and bilateral paralumbar musculature. Mild-moderate spasms were noted in the bilateral para lumbar musculature. Range of motion in the lumbar spine is restricted, and there was a positive straight leg raise on the left. An MRI of the lumbar spine revealed a large L3-L4 disc herniation. EMG/NCV of the bilateral lower extremities revealed mild L4-L5 radiculopathy. Previous treatment includes referral to pain management, physical therapy, Norco 10/325mg, epidural steroid injection for the lumbar spine, Naproxen, cyclobenzaprine, Lyrica Omeprazole, Senokot, naproxen, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE SLEEP NUMBER BED FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: A medical mattress is not recommended to use firmness as sole criteria. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. The injured worker does not have pressure ulcers. As such, the request is not medically necessary.