

Case Number:	CM13-0055808		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2010
Decision Date:	07/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 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 patient is a 46-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 8/31/10. Medical records from 2013 were reviewed. The patient complained of back pain radiating to the right leg and foot, rated at 5-6/10 in severity, and described as burning, shooting, throbbing, and tingling. Aggravating factors included standing, sitting, walking, straining, and bending forward. Intake of medications and resting alleviate pain. Motor strength was unremarkable. Straight leg raise test was positive on the right. Sensation was diminished at the right lower extremity. Treatment to date has included right L4-L5 foraminotomy (5/13/11), discectomy and repair at L4-L5 (5/18/11), lumbar epidural steroid injections, a spinal cord stimulator, physical therapy, and medications such as Fioricet, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREADMILL/ELLIPTICAL EQUIPMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The California MTUS does not specifically address this topic, so the Official Disability Guidelines (ODG) were used instead. The ODG states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes home exercise kits. In this case, the patient has persistent low back pain radiating to the right lower extremity despite conservative management and surgery. The submitted medical records failed to document a rationale for this request. The equipment cannot be deemed medically appropriate because there was no documentation that patient has been taught home exercises and general instructions for its use. As such, the request is not medically necessary.

POSTUREPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Selection.

Decision rationale: The California MTUS does not specifically address this topic, so the Official Disability Guidelines (ODG) were used instead. The ODG states 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 subjective and depends on personal preference. A huge variety of mattresses include body-contour foam mattress, hard mattress, medium-firm mattress, etc. In this case, the patient has persistent low back pain radiating to the right lower extremity despite conservative management and surgery. However, the submitted clinical documentation failed to provide exceptional circumstances to support the purchase of a mattress. Furthermore, the guidelines do not recommend its purchase because there are no studies to support its treatment for low back pain. As such, the request is not medically necessary.