

Case Number:	CM13-0056108		
Date Assigned:	12/30/2013	Date of Injury:	05/25/1996
Decision Date:	07/28/2014	UR Denial Date:	11/15/2013
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 Geriatric Medicine, and is licensed to practice in New York. 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 61-year-old with a date of injury of May 25, 1996. He was seen by his physician on November 11, 2013 with complaints of low back pain. He is status post lumbar facet injection with 80% relief in his pain. His current pain radiates to his left lower extremity. He stated that a king mattress was purchased/covered for his injury in 1996 and allowed him to sleep with less pain but is now 'worn out'. His physical exam showed tenderness to palpation over the paraspinal muscles of C3-7 and L3-5. He had limitations in lumbar range of motion and antalgic gait with positive straight leg raise bilaterally. His diagnoses included chronic low back pain, cervical disc and lumbar disc displacement without myeloathy and chronic pain syndrome. At issue in this request is a new king size mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPLACEMENT KING SIZED MATTRESS (PER REPORT DATED 11/11/13):

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 Other Medical Treatment Guideline or Medical

Evidence:Uptodate: Subacute and chronic low back pain: Pharmacologic and noninterventional treatment.

Decision rationale: This 61-year-old had an injury sustained in 1996 and has chronic low back pain. Studies have shown that mattress firmness can be related to pain related disability and that a medium-firm mattress may be the preferred based upon a European randomized trial. Another randomized study looking at back conforming mattresses (waterbed and foam) with firm mattress showed less pain and improved sleep for the conforming mattresses. The records do not address level of mattress firmness. The worker's pain is being addressed through medications and other treatment modalities. The request for one replacement king sized mattress is not medically necessary or appropriate.