

Case Number:	CM13-0060729		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2013
Decision Date:	03/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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:

This is a patient with a date of injury of 1/3/13. A utilization review determination dated 11/5/13 recommends non-certification of a Tempurpedic bed. An anterior lumbar interbody fusion L4-5 and L5-S1 and posterior fusion Gill laminectomy at L4-S1 was certified. The 11/26/13 progress report identifies LBP 9/10, 60% back and 40% leg, radiating down the BLE with numbness and tingling in the 3rd, 4th, and 5th toes. On exam, there is tenderness, myospasms, sensory deficits in the L3-5 distributions, positive SLR on the left, and decreased strength. The treatment plan included a lumbar fusion and Tempurpedic bed postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic bed (rhapsody adjustable): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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 Pain Chapter, Mattress Selection

Decision rationale: Regarding the request for a Tempurpedic bed, California MTUS does not address the issue. The ODG cites 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. In light of the above issues, the currently requested Tempurpedic bed is not medically necessary.