

Case Number:	CM13-0061120		
Date Assigned:	12/30/2013	Date of Injury:	11/23/1995
Decision Date:	06/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/04/2013

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 Surgeon, and is licensed to practice in Texas. 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 whose date of injury is 11/23/1995. The patient is noted to be status post left total knee replacement on 12/10/12. Progress report dated 10/24/13 indicates that the patient reports that as of a week ago her lumbar spine has been very painful with pain that radiates to the bilateral hips. She rates her pain level as 9/10. X-rays of the lumbar spine show disc herniation at L5-S1. Request was made for orthopedic support mattress to give her support and relief. The patient underwent lumbar trigger point injections on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: ORTHOPEDIC SUPPORT MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 10/9/13), Mattress Selection.

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: Based on the clinical information provided, the request for durable medical equipment: orthopedic support mattress is not recommended as medically necessary. The

California Medical Treatment and Utilization Schedule does not directly address mattress selection and thus the Official Disability Guidelines are cited. The Official Disability Guidelines Low Back Chapter notes 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. Mattress selection is subjective and depends on personal preference and individual factors. There is no current, detailed physical examination submitted for review. The DME, Orthopedic Support Mattress, is not medically necessary.