

Case Number:	CM13-0061786		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2001
Decision Date:	05/05/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of February 9, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and epidural steroid injection therapy. In a Utilization Review Report of November 8, 2013, the claims administrator denied a request for a Tempur-Pedic mattress. The applicant's attorney subsequently appealed. In a clinical progress note of September 19, 2013, the applicant is described as reporting persistent low back pain. He is status post cervical fusion surgery. He is given epidural injections in the clinic setting under fluoroscopy. On November 1, 2013, the attending provider sought authorization for a Tempur-Pedic bed and mattress, along with a cervical MRI and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable tempur-pedic bed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sleeping Services Section

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against the usage of specific sleeping services such as bedding, waterbeds, mattresses, etc. While ACOEM notes that applicants should select those mattresses and/or beds which are most comfortable for them, ACOEM acknowledges that this is a matter of individual preference as opposed to a matter of medical necessity. Therefore, the request for a Tempur-Pedic mattress is not medically necessary, medically appropriate, or indicated.