

Case Number:	CM13-0064923		
Date Assigned:	01/03/2014	Date of Injury:	06/06/1997
Decision Date:	04/18/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 Patient is a 71 year old male with date of injury 6/06/1997. The most current primary treating physician's progress report, dated 11/12/13, lists subjective complaints as pain in the lower lumbar region. The patient states the pain increases with activities such as lifting, bending, stooping, and prolonged sitting and standing. Patient notes that the present mattress is causing significant muscle spasm and tenderness in the lumbar spine. Objective findings: An examination of the lumbar spine revealed muscle spasm. Straight leg testing for the left and right legs were both negative. Diagnosis include, moderate to severe foraminal stenosis at C5-C7; chronic low back strain; Mild-moderate disc desiccation at L4-5 and slight disc desiccation at the L5-S; Moderate central and foraminal stenosis L4-5 per the MRI dated 8/03/09.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC MATTRESS LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Third Edition

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 - Lumbar & Thoracic (Acute & Chronic), Mattress Selection.

Decision rationale: 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. The request for an orthopedic mattress is not medically necessary and appropriate.