

Case Number:	CM13-0069219		
Date Assigned:	01/03/2014	Date of Injury:	12/24/2004
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old male with a date of injury of 12/24/2004. The listed diagnoses per [REDACTED] are cervical radiculopathy, and lumbosacral radiculopathy. According to doctor's first report dated 10/07/2013 by [REDACTED], the patient presents with pain in the cervical and lumbar spine. Physical examination revealed decreased range of motion of the cervical spine with spasm, guarding, and tenderness. The lumbar spine is noted to have spasm, guarding, and tenderness in the left paravertebral muscles. Utilization review is dated 11/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The MTUS/ACOEM guidelines states the following regarding lumbar traction, "Traction has not been proved effective for lasting relief in treating low back pain because evidence is insufficient to support using vertebral axial decompression for treating low

back injuries. It is not recommended." Traction units are not supported by MTUS/ACOEM Guidelines for treatment of low back pain. The request for a lumbar traction unit is not medically necessary and appropriate.

KING FIRM OTHOPEDIC INNERSPRING MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS and ACOEM Guidelines do not specifically discuss orthopedic mattresses. However, the Official Disability Guidelines (ODG) does quote one study which indicates that this is under study. "A recent clinical trial concluded that patients with medium firm mattresses had better outcomes than patients with firm mattress for pain in bed, pain on rising, and disability. A mattress of medium firm improves pain and disability among patients with chronic nonspecific low back pain." Furthermore, ODG Guidelines discusses durable medical equipment and states that for an equipment to be considered a medical treatment, it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. The ODG Guidelines further states, "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." In this case, the request does not meet the definition of D&E per ODG as mattresses are not solely used for medical purposes. In addition, ODG also does not recommend specialized mattresses except for pressure ulcers and spinal cord injury patients. The request for a king orthopedic innerspring mattress is not medically necessary and appropriate.