

Case Number:	CM14-0002426		
Date Assigned:	01/24/2014	Date of Injury:	02/15/2013
Decision Date:	06/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 & Rehabilitation 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 injured worker is a 63-year-old male who reported injury on 02/15/2013. The claimant underwent an L4-5 microdiscectomy on 10/23/2013. The mechanism of injury was not provided for review. The documentation of 12/05/2013 revealed there had been numbness into the leg that was intermittent in nature. The claimant indicated it was worse after sleeping on his mattress and he had trialed mattresses. The treatment plan included a World Class Recharge Ultimate Firm California King with a latex top of 2 inches. The physician opined it was medically necessary for his low back problems. Subsequent documentation dated 12/31/2013 revealed the physician would like to formally appeal the denial as it would be helpful to the injured worker. It was indicated it was impacting the injured worker's day to day activities; when he gets out of bed, he is in a ton of pain and having difficulty sleeping, as well as a result of being uncomfortable on his mattress. The diagnosis included lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEW MATTRESS (WORLD CLASS RECHARGE ULTIMATE FIRM CAL-KING SET AND 2 INCH LATEX TOPPER): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Mattress Selection, Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indicate that mattress selection is subjective and depends upon personal preference and individual factors. Mattresses are durable medical equipment and, as such, must meet durable medical equipment guidelines. The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, including it can withstand repeated use, as in could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. In this case, the physician indicated that the claimant was having pain and a new mattress was medically necessary for his low back problems. However, the clinical documentation submitted for review failed to indicate the request met the above criteria. Given the above, the request for a new mattress (World Class Recharge Ultimate Firm Cal-King Set and 2 inch Latex Topper) is not medically necessary and appropriate.