

Case Number:	CM14-0004239		
Date Assigned:	02/05/2014	Date of Injury:	01/12/2005
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 an employee of [REDACTED] who has submitted a claim for low back and bilateral knee pain from an associated industrial injury date of January 12, 2005. The treatment to date has included Omeprazole, Voltaren, Hydrocodone, Lidoderm Patch, Orphenadrine, Acupuncture, and Aqua Therapy. The medical records from 2013 were reviewed showing that the patient complained of low back and bilateral knee pain. On physical examination, there was no significant change as stated; however, there are no previous progress reports to document physical examination. The utilization review from December 10, 2013 denied the request for a mattress, because the necessity of a mattress does not appear to be supported as there is no high evidence to support any particular type of mattress as superior to another.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), LOW BACK.

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: The Official Disability Guidelines indicate that there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. A mattress selection is subjective and depends on personal preference and individual factors. In this case, the patient already reported functional improvement with the acupuncture and aqua therapy, and a mattress selection does not address the patient's current problem. Therefore, the request for a mattress is not medically necessary.