

Case Number:	CM14-0007319		
Date Assigned:	06/25/2014	Date of Injury:	05/21/1997
Decision Date:	07/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/20/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 53 year old male with a date of injury on 5/21/1997. Diagnoses include post-laminectomy syndrome, lumbago, thoracic/lumbosacral neuritis, and unspecified backache. A subjective finding indicates that the patient has had increasing low back pain and was having problems with his mattress, and that it was no longer firm enough. It was noted that the mattress was 3 years old. Submitted documentation does not provide any objective physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Tempur-Pedic Tempur-Ergo Plus Mattress Queen size: 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).

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.

Decision rationale: The ODG states that firmness should not be a criterion to base the selection of a mattress. 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. For this patient, there is no supportive documentation that demonstrates an objective need for a firmer mattress. Therefore, the medically necessity of a new mattress is not established.