

Case Number:	CM14-0008260		
Date Assigned:	02/07/2014	Date of Injury:	06/10/2009
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/22/2014

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 and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/10/09. A utilization review determination dated 12/31/13 recommends non-certification of an orthopedic mattress. 10/25/13 medical report identifies that the patient has a significant lumbar spine injury that has necessitated complicated operative procedures and it is imperative that his lumbar spine have proper back support with an orthopedic mattress. Without a proper orthopedic mattress, there will be further stresses applied to his lumbar spine and he could further aggravate and exacerbate his back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPAEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Online Edition, Chapter Low Back- Lumbar & Thoracic- Mattress Selection.

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 Pain Chapter, Mattress selection

Decision rationale: Regarding the request for ORTHOPAEDIC MATTRESS, California MTUS does not address the issue. ODG cites that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In the absence of such documentation, the currently requested ORTHOPAEDIC MATTRESS is not medically necessary.