

Case Number:	CM14-0008359		
Date Assigned:	02/12/2014	Date of Injury:	03/02/1998
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
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 & 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 53-year-old female who reported an injury on 03/02/1998 secondary to an unknown mechanism of injury. Her diagnoses include low back pain, lumbar radiculopathy, and chronic pain syndrome. The injured worker underwent a fusion at L5-S1 on an unknown date. She was evaluated on 12/17/2013, and reported low back pain and bilateral leg pain with numbness in her feet. On physical examination, she was noted to have a positive straight leg raise bilaterally with normal strength and reflexes in the lower extremities. Her medications were noted to include Nucynta, cyclobenzaprine, gabapentin, and naproxen. The injured worker was recommended for continued medications, a TENS unit, psychotherapy, a spinal cord stimulator trial, and a Tempur-pedic mattress. A Request for Authorization was submitted on 12/26/2013 for a Tempurpedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMPUR PEDIC MATTRESS FOR CHRONIC LUMBAR PAIN: 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 Chapter, 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 Chapter, Mattress selection.

Decision rationale: The injured worker reported low back pain and bilateral leg pain. She was noted to have a positive straight leg raise bilaterally. She was recommended for a Tempur-pedic mattress to help with her back pain. The Official Disability Guidelines state 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. There are no exceptional factors documented to establish the necessity of the purchase of a specialized mattress such as Tempur-pedic, and the body of research regarding specialized mattresses fails to indicate that the injured worker would benefit significantly from a Tempur-pedic mattress. As such, the request for a Tempur- pedic mattress for chronic lumbar pain is not medically necessary.