

Case Number:	CM14-0008528		
Date Assigned:	02/12/2014	Date of Injury:	01/04/2012
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
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 Orthopedic Surgery 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 patient is a 36 year old male with industrial injury 1/4/12 with back and right shoulder injury. Exam note 11/13/13 demonstrates limited range of motion at L4/5 and L5/S1 levels. MRI lumbar spine 6/21/13 demonstrates L4/5 disc dessication without evidence of disc extrusion. Request for orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC MATTRESS QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Web Low Back, 2013.

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: CA MTUS/ACOEM is silent on the issue of mattress. According to the ODG "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Therefore the decision is for orthopedic mattress to be purchased is not medically necessary.

