MAXIMUS Federal Services

Case Number:	CM14-0103058		
Date Assigned:	07/30/2014	Date of Injury:	03/27/2012
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 54 year old male who was injured on 03/27/12 secondary to a motor vehicle accident (MVA). The injured worker most recently was seen on 06/02/14 and reports mid back pain level has increased since last visit. He states he is unable to "stay or fall asleep; quality of sleep is interrupted." Current medications were listed as Flector patch and Ibuprofen. The injured worker is diagnosed with cervical pain/strain; low back pain; thoracic pain; elbow pain. Examination of the cervical spine was unremarkable. Thoracic spine examination noted no limitation in range of motion. There was spasm, tenderness and trigger point on examination of the paravertebral muscles on both sides. There was tenderness at the iliocostalis thoracis. Lumbar spine examination noted no limitation in range of motion. There was spasm, tenderness and trigger point on examination of the paravertebral muscles on both sides. Lumbar facet loading was positive on both sides. Straight leg raise was negative. Motor examination was grossly normal for bilateral lower extremities, and lower extremity reflexes were equal and symmetric. Neurologic exam reported cranial nerves II-XII were grossly intact. Strength was 5/5 throughout. Sensation was intact. Reflexes were equal and symmetric in the bilateral upper and lower extremities. The injured worker's attorney is requesting Tempur Pedic Cloud Luxe Breeze Split, Tempur Ergo Premier Movable Base. It is noted that the injured worker is working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur Pedic Cloud Luxe Breeze Split, Tempur Ergo Premier Movable Base (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 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: Per Official Disability Guidelines (ODG), mattress selection is not recommended to use firmness as sole criteria. 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. There is no indication that the injured worker has had surgery for this injury. The injured worker is reported to have had extensive conservative care, but there is no comprehensive history of treatment to date. He has had acupuncture, and is noted to be working full duty. It appears that the requested mattress is a matter of personal convenience rather than durable medical equipment. Based on the clinical information provided, the request for Tempur Pedic Cloud Luxe Breeze Split, Tempur Ergo Premier Movable Base (Mattress) is not medically necessary.