

Case Number:	CM14-0011466		
Date Assigned:	02/21/2014	Date of Injury:	07/11/2002
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 and is licensed to practice in Texas. 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 49 year old female whose date of injury is 07/11/2002. The mechanism of injury is not described. Lumbar MRI dated 09/19/13 revealed minimal effacement of the anterior thecal sac at T12-L1. At L3-4 there is mild left neural foraminal narrowing. At L4-5 there is moderate bilateral neural foraminal narrowing and left sided laminectomy. At L5-S1 there is right sided laminectomy and moderate bilateral neural foraminal narrowing. Note dated 02/26/14 indicates that right hand grip remains weaker than left. She has severe leg weakness and is falling at night after she sits on the toilet and her legs go numb. She complains of continued severe low back and bilateral leg pain. She is using a motorized wheelchair. On physical examination there is low back muscle spasm. Diagnoses are discogenic degeneration lumbar, lumbar nerve root injury, muscle spasm, obesity, diabetes, arthritis, discogenic syndrome cervical, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 MATTRESS PADS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Based on the clinical information provided, the request for 2 mattress pads is not recommended as medically necessary. The Official Disability Guidelines note 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. Mattress selection is subjective and depends on personal preference and individual factors. There is no clear rationale provided to support mattress pads at this time.