

Case Number:	CM14-0015153		
Date Assigned:	02/28/2014	Date of Injury:	01/06/2010
Decision Date:	06/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 01/06/2010 and the mechanism of injury was not provided. The clinical note dated 12/18/2013 noted the injured worker presented with back pain that resolved after an hour or two out of bed. The injured worker reported low back and right leg pain, described as aching, throbbing, and shooting pain. The injured worker's surgical history included a spinal cord stimulator implant on 9/2013, four shoulder operations, carpal tunnel bilaterally, a right thumb fusion, and a broken right forearm. The injured worker was diagnosed with thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral discs, myalgia and myositis, and opioid type dependence. The provider recommended a TempurPedic mattress for back support. The Request for Authorization form was dated 12/31/2013. The provider's rationale was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMPERPEDIC MATTRESS FOR BACK SUPPORT: 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), web 2012, Low Back, 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, Mattress Selection.

Decision rationale: The request for TempurPedic mattress for back support is non-certified. The Official Disability Guidelines state that there are no high quality studies to support purchase of any type of specialized mattresses or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers may be treated by special support surfaces designed to redistribute pressure. Per the provided documentation, it did not appear there was any indication the injured worker has a pressure ulcer for which a specialized mattress would be indicated. As such, the request is not medically necessary.