

Case Number:	CM14-0019039		
Date Assigned:	04/23/2014	Date of Injury:	07/09/1993
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 Family Practice 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 62-year-old female who reported an injury on 07/09/1993. The mechanism of injury was not stated. Current diagnoses include postlaminectomy syndrome in the lumbar region and degeneration of the lumbar disc. The injured worker was evaluated on 01/15/2014. The injured worker reported persistent low back pain and midthoracic pain. Previous conservative treatment includes placement of an intrathecal pain pump, massage therapy, acupuncture, and physical therapy. Physical examination was not provided on that date. Treatment recommendations included removal of the intrathecal pain pump as well as a replacement mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOP MATTRESS QUEEN-SIZE CRAFTMATIC REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS Page(s): 52.

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: Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. There was no physical examination provided on the requesting date. There is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of significant spinal instability. It is unclear how the requested durable medical equipment will specifically address the injured worker's current condition or improve function. The medical necessity has not established.