

Case Number:	CM14-0111785		
Date Assigned:	08/01/2014	Date of Injury:	10/31/2011
Decision Date:	10/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 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:

This is 49-year-old male who reported an industrial injury to the lower back on 10/31/2011, almost three (3) years ago, attributed to the performance of his usual and customary job tasks reported as closing a coupling on a train tank car. The patient is been treated for lumbar radiculopathy. The patient is prescribed a therapeutic mattress for the diagnosis of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Therapeutic Bed Mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 141-142; 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter-mattress selection; exercises

Decision rationale: The request for authorization of the purchase of a therapeutic Mattress to replace his present mattress or bed is not supported with any objective evidence to support the medical necessity and is inconsistent with the recommendations of evidence-based guidelines. The patient is noted be able to ambulate and drive a vehicle. The patient is three (3) years status

post date of injury. The only rationale to support medical necessity of a new mattress is the continuation of low back pain. There is no rationale by the treating physician to support the medical necessity of the requested therapeutic Mattress over the present mattress or any other mattress. The use of a special mattress is not demonstrated to be medically necessary to treat the effects of the industrial injury. The objective findings documented and diagnoses do not support the medical necessity of a special mattress or bed. There is no demonstrated medical necessity for a therapeutic mattress for the diagnoses reported by the treating physician. The patient does not and did not meet the criteria of evidence-based guidelines for the provision of a special mattress. The prior mattress is not stated to be in disrepair. There is no objective evidence provided that the present mattress is not functional. The currently accepted evidence based guidelines recommend an average medium firm mattress as there is no type of mattress that is medically necessary for the cited diagnoses. There is no demonstrated medical necessity for a therapeutic mattress as opposed to a normal bed to treat chronic back/neck pain or post-operative back/neck pain. There is no rationale or objective evidence to support the medical necessity of a therapeutic Mattress three (3) years subsequent to the date of injury.