

<b>Case Number:</b>	CM14-0134910		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/20/2005
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Neurological Surgery 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 records presented for review indicate that this 50 year old gentleman was reportedly injured on September 20, 2005. The mechanism of injury is undisclosed. The most recent progress note, dated July 24, 2014, indicates that there are ongoing complaints of low back pain, and neck pain with headaches. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles and facet joints, tenderness at the sacroiliac joints bilaterally and decreased lumbar spine range of motion, decreased sensation throughout the lower extremities, cervical spine noted midline tenderness from C1 through C4 and tenderness along the paravertebral muscles and facet joints, tenderness along the occipital region and the bilateral trapezius. Myofascial trigger points were noted. Diagnostic imaging studies of the cervical spine revealed moderate central canal stenosis at C3 to C4 and at C4 to C5. There was facet hypertrophy and a disc protrusion at C5 to C6 with severe left neural foraminal narrowing and a disc bulge at C6 to C7. Previous treatment includes a lumbar fusion from L3 to S1, trigger point injections, and epidural steroid injection, facet joint injections and the use of a dorsal column stimulator. A request was made for an orthopedic mattress/pillow and a C4 through C6 anterior cervical discectomy and was not certified in the preauthorization process on July 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Orthopedic mattress/pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Return to Work Guidelines(2013 Official Disability Guidelines, 18th Edition)

**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 - Lumbar and Thoracic, Mattress, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines 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 upon personal preference and individual factors. It is also stated that while and neck support pillow is recommended for sleeping it is only to be used in conjunction with daily exercise as the use of an orthopedic pillow was not noted to give a desired clinical benefit. Considering this, the request for an orthopedic mattress/pillow is not medically necessary.

**C4 through C6 anterior cervical discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) . Neck and Upper Back, Discectomy - Laminectomy - Foraminotomy, Updated August 4, 2014.

**Decision rationale:** The Official Disability Guidelines (ODG) recommends a discectomy/laminectomy if there is evidence of radicular pain and sensory symptoms in a cervical distribution correlate with the involved cervical level or the presence of a positive Spurling's test. The most recent progress note dated July 24, 2014, indicates there is a normal upper extremity neurological examination. As such, this request for a C4 through C6 anterior cervical discectomy is not medically necessary.