

Case Number:	CM14-0156678		
Date Assigned:	09/26/2014	Date of Injury:	07/07/2006
Decision Date:	12/02/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of status post left hand crush injury, L5-S1 disc protrusion with disc herniation and annular tear, chronic cervical musculoligamentous sprain strain injury, chronic pain syndrome, posttraumatic stress disorder, and right carpal tunnel syndrome. Primary treating physician's progress report dated 7/8/14 documented subjective complaints of lumbar spine discomfort. Date of injury was July 7, 2006. Physical examination was documented. He has moderate lumbar spine tenderness and painful lumbar spine range of motion. There is referred back pain with straight leg raise. Diagnoses were status post left hand crush injury, L5-S1 disc protrusion with disc herniation and annular tear, chronic cervical musculoligamentous sprain strain injury, chronic pain syndrome, posttraumatic stress disorder, and right carpal tunnel syndrome. The patient is status post lumbar epidural injection. Treatment plan included upper extremity electrodiagnostic studies, Norco, Trazodone, Xanax, Lexapro, and Wellbutrin. Orthopedic TempurPedic mattress was requested. Utilization review determination date was 8/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC TEMPUR-PEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK (ACUTE AND CHRONIC)

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 & Thoracic (Acute & Chronic) Mattress selection Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment (DME)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Tempur-Pedic mattresses. Official Disability Guidelines (ODG) state 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. Durable medical equipment (DME) is defined as equipment which is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury. Tempur-Pedic mattresses are not primarily and customarily used to serve a medical purpose, and generally is useful to a person in the absence of injury. Therefore, a Tempur-Pedic mattress does not meet the ODG definition of durable medical equipment (DME). ODG guidelines do not support the medical necessity of a Tempur-Pedic mattress. Therefore, the request for 1 ORTHOPEDIC TEMPUR-PEDIC MATTRESS:is not medically necessary.