

Case Number:	CM14-0157312		
Date Assigned:	09/30/2014	Date of Injury:	09/11/2012
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 47 years old female with an injury date on 09/11/2011. Based on the 08/12/2014 progress report provided by [REDACTED], the diagnoses are:1. Musculoigamentous sprain of the lumbar spine with lower extremity radiculitis.2. Disc protrusion, L2-3(4.4mm), L3-4(4.9mm) and L4-5(2.7mm)3. Contusion; right forearm.According to this report, the patient complains of occasional sharp shooting pain of the right forearm. The patient also complains of low back pain that is constant throbbing and burning pain that radiates to the bilateral leg. Pain is rated at a 7/10 without medications and a 4/10 with medications. Tenderness is noted over the right epicondyle and posterior superior iliac spines, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 09/16/2014. [REDACTED]. [REDACTED] is the requesting provider, and he provided treatment reports from 07/01/2013 to 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG : low back chapter under mattress

Decision rationale: According to the 08/12/2014 report by [REDACTED] this patient presents with occasional right forearm pain and constant low back pain. The treater is requesting Orthopedic mattress. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address orthopedic mattress; however, Official Disability Guidelines (ODG) Guidelines provide some discussion and states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Under Durable Medical Equipment, ODG also states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, an orthopedic mattress is not primarily used for medical purpose. Treatment is not medically necessary and appropriate.