

Case Number:	CM14-0159071		
Date Assigned:	10/02/2014	Date of Injury:	07/24/1995
Decision Date:	12/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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:

Injured worker was a 52-year old male whom experienced an industrial injury 07/24/95. He returned for reevaluation of his complaints of chronic, severe right knee, and low back pain. The injured worker has a history of chronic pain secondary to failed neck syndrome in addition to chronic thoracic and lumbar pain and lumbar radiculopathy down the left side. His history also includes being status post intrathecal pain pump implant. He has been attending aqua therapy two times per week for one month which he reported has been beneficial for him. Apart from the aide of aqua therapy, there was no change in his report of the same pain intensity and no change in distribution. He had cervical x-rays done in February and has seen a surgeon who is ordering additional diagnostic tests of his neck and upper extremity pain. He reported that his average pain without medication is 9/10 and with medications, 0/10. His medical history was positive for two cervical fusions and two right knee arthroscopies. His physical examination appeared normal with only decreased strength noted to bilateral lower extremities. On 08/21/14, the injured worker returned to the treating physician for follow-up due to his complaint of low back pain. The physical examination showed some weakened reflexes in all extremities and tenderness to palpation to the lower back. Recommended treatment consisted of a diagnostic facet medial branch block and a replacement mattress and box spring previously paid for by work comp over 10 years ago and he needs a replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, L4-5 and L5-S1 Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, Low back pain Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Medial branch block; per ODG website.

Decision rationale: The ODG was also referenced in regards to facet joint medial nerve block. The is recommended prior to facet neurotomy. The procedure is generally considered a diagnostic block. The criteria for use includes: clinical presentation consistent with facet joint pain, signs and symptoms; non-radicular pain; and documentation of failure of conservative treatment for at least 4-6 weeks prior to the procedure. The request is not reasonable as there is lack of documentation that pain is consistent with facet joint pain and there is no documentation of failure of conservative treatment for at least 4-6 weeks prior to the procedure. Therefore the request is not medically necessary.

Replacement of mattress and box spring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mattress selection, low back

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, Replacement of mattress and box spring; per ODG website

Decision rationale: Per guidelines it is not recommend using firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) 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. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011).

There is no documentation to clarify rationale for replacement of mattress and box spring.
Therefore the request is not medically necessary.