

Case Number:	CM14-0167397		
Date Assigned:	10/14/2014	Date of Injury:	08/09/1999
Decision Date:	11/17/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 Practice and is licensed to practice in Ohio. 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 injured worker is a 55-year-old male who injured his back on August 9, 1999. He complains of low back pain radiating to the left leg, neck pain radiating to the arms and right shoulder, symptoms of depression, and poor sleep. The physical exam reveals diminished lumbar range of motion with tenderness to palpation. The diagnoses include bulging discs at L4-L5 and L5-S1 without nerve root compromise, somatoform disorder, insomnia type sleep disorder due to pain, cervical myalgia, lumbar spine strain, depression, anxiety, myofascial pain, displacement of a lumbar disc without myelopathy, and displacement of a cervical disc without myelopathy. He has been treated with physical therapy, acupuncture, aqua therapy, and a variety of medications including antidepressants, cognitive therapy, sleep aids, anti-inflammatories, and opioid pain medications. Recent notations state that the sleep remains impaired by pain and stress although it is somewhat better with the sleep aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic mattress lumbar spine: 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, Mattress

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, mattress selection

Decision rationale: The Official Disability Guidelines do not recommend firmness as sole criteria for mattress selection. 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. Based on the guidelines, therefore, the orthopedic mattress is not medically necessary.