

Case Number:	CM14-0180888		
Date Assigned:	11/04/2014	Date of Injury:	10/17/1996
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 17, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier multilevel lumbar level fusion surgery; unspecified amounts of acupuncture; and earlier provision with a mattress. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a replacement mattress. In a September 10, 2014 progress note, the applicant reported ongoing complaints of neck, back, and knee pain. The applicant complained that her insurance company was contesting her request to obtain a replacement mattress. The applicant stated that her earlier mattress had worn out. The applicant's stated that she was using a cane to move about and has developed variety of psychiatric issues. The applicant's medications included Percocet, Fioricet, Carafate, Sucralfate, Prilosec, Dendracin, Fioricet, Percocet, Morphine, and Amitiza. The applicant was overweight, with a BMI of 28. Additional acupuncture was endorsed. Morphine and Amitiza were renewed. The attending provider posited that the applicant might decompensate from a mental health perspective with the mattress denial upheld.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mattress purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: While the MTUS does not address the topic of mattresses, the Third Edition ACOEM Guidelines Low Back Chapter notes that there is no recommendation for or against usage of any one particular mattress over another. While ACOEM does recommend that applicant select those mattresses, pillows, bedding, and/or sleeping options which are most comfortable for them, ACOEM notes that mattress selection/sleeping surface selection is, fundamentally, an article of individual applicant preference as opposed to an article of payer responsibility. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable tepid-to-unfavorable ACOEM position on the article at issue. Therefore the request is not medically necessary.