

Case Number:	CM14-0182284		
Date Assigned:	11/07/2014	Date of Injury:	05/25/1978
Decision Date:	12/18/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 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:

This is a 69-year-old male claimant who sustained a work injury on 5/25/78 involving the neck and low back. He was diagnosed with cervical disc disease, occipital neuralgia, and lumbar degenerative disc disease. He underwent a lumbar laminectomy and developed post laminectomy syndrome. A progress note on October 7, 2014 indicated the claimant had 7/10 pain in the involved areas. He had previously undergone acupuncture, chiropractic therapy, facet joint injections, physical therapy, spinal cord stimulator, TENS and trigger point injections. Exam findings are notable for reduced range of motion of the cervical spine and tenderness in the para cervical region. The physician requested a replacement for a box spring mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

New mattress box springs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, Clinical Policy Bulletins Number: 0543 Subject: Hospital Beds and Accessories Policy

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 pain and mattress

Decision rationale: According to the guidelines mattress selection is not recommended to use firmness as a sole criteria. In this case the indication for replacement of a mattress box spring was not indicated. Mattress selection is subjective and depends on personal preference and individual factors rather than scientifically based necessity. The request for a new box spring mattress was not clarified and as not medically necessary.