

Case Number:	CM14-0020547		
Date Assigned:	04/25/2014	Date of Injury:	11/30/2012
Decision Date:	07/07/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 47 year old female who reported an injury on 11/30/2012. The injured worker was examined on 01/19/2014. She presented with chronic low back pain, right lower extremity radiation, bilateral shoulder pain and bilateral knee pain. The physical examination findings were unremarkable. Inspection of the lumbar spine revealed lumbar lordosis was normal, lumbar tenderness was noted upon palpation of the L4-S1 lumbar paravertebral area. The range of motion of the lumbar spine showed flexion at 30 degrees and extension at 10 degrees. The sensory and motor exam was within normal limits, achilles and patellar reflexes were within normal limits. Straight leg raise was positive in the right lower extremity for radicular pain at 80 degrees and tenderness was noted in the right knee. The diagnosis included lumbar radiculitis, lumbar spinal stenosis, lumbar facet arthropathy, right sided knee pain and other chronic pain. A State of California Division of Workers Compensation Request for Authorization for Medical Treatment is included with this documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC BED/MATTRESS WITH BASE: 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-Lumbar and Thoracic (Acute and Chronic).

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 request for 1 orthopedic bed / mattress with base is not medically necessary. The injured worker reports low back pain and the clinical evaluation support radiculitis. However, in regard to the mattress the Official Disability Guidelines state that 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. As the guidelines note there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain, an orthopedic mattress would not be indicated. Therefore, due to the guidelines the request is not medically necessary.