MAXIMUS Federal Services

Case Number:	CM14-0021111		
Date Assigned:	05/07/2014	Date of Injury:	04/29/2000
Decision Date:	08/02/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 patient is a 71 year old who suffered his worker comp injury on 4/29/00 and now is presenting with resultant chronic pain issues. On 2/5/14 the patient was seen by his M.D.who noted the following diagnoses; cervical facet arthropathy, cervical discogenic pain and radiculopathy, failed back surgery syndrome, lumbar stenosis, lumbar facet arthropathy, and djd of the lumbar spine. He was being treated with oxycodone 30 mg q8 hours, norco 10/325 1-2 q6 hours, Soma 350 bid, Xanax 1 mg tid, Neurontin 300 mg 1-3 hs, and Ambien 10 mg at hs. He was noted to have general pain and fatigue and radiating lumbar pain and pain located to his back, feet, arms, and legs. The pain was described as sharp, dull, throbbing, pins and needles, electric shooting pain and numbness. Also, the patient was described as having weakness and spasm. The pain was described as constant and was worse with activity and standing and walking. The pain was better with resting, lying down and sitting. A request for a temperpedic mattress was made to enhance sleep and pain but it was refused by the UR committee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FIRM TEMPUR PEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Pub med review of memory foam mattresses and temper pedic mattresses.

Decision rationale: According to the Pub Med, this material is supposed to mold to the warm body in a few minutes. It was noted that this type of bed is utilized to prevent pressure ulcers in chronically bedridden patients. Also, it has been used as cushion for wheelchair seats, and for hospital pillows. A consumer review on temper pedic beds states that they are 20-50% more expensive than other beds but there is a 81% owner satisfaction. The review noted that about 20% of owners claimed that they had relief of pain to their backs, shoulders, hips, and joint. However, about 6% of patients noted an increase in pain. However, there are no case studies or good research to demonstrate the effectiveness of temper pedic beds for chronic neck or back pain.In the general survey about 20 % of people were helped but about 6 % noticed a worsening of their symptoms. Specifically, there is no reason to believe that in the above discussed patient who was a failed back surgery patient and that suffered pain that was described as radiating electric pain associated with numbness would be decreased by such a bed. Therefore, the request for one firm tempur pedic mattress is not medically necessary and appropriate.