

Case Number:	CM14-0031527		
Date Assigned:	05/14/2014	Date of Injury:	02/02/2007
Decision Date:	07/10/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 41-year-old female whose date of injury is 02/02/2007. The injured worker was mopping up milk and bending forward when she experienced low back pain. Follow up note dated 02/12/14 indicates that the injured worker complains of intractable back pain. Cane is being used to assist ambulation. Diagnostic impressions are lumbar radiculopathy, impingement syndrome, lumbar herniated nucleus pulposus (HNP) without myelopathy, and carpal tunnel syndrome status post bilateral carpal tunnel release. The injured worker has reportedly failed conservative treatment and is a surgical candidate. The injured worker was recommended to be provided a [REDACTED] mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUEEN [REDACTED] 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 Official Disability Guidelines (ODG) Low Back Chapter, Mattress selection.

Decision rationale: Based on the clinical information provided, the request for queen TempurPedic mattress is not recommended as medically necessary. The Official Disability Guidelines report 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.