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| Case Number: | CM14-0033025 | | |
| Date Assigned: | 05/02/2014 | Date of Injury: | 10/03/2009 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/15/2014 |
| 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 65-year-old female who reported an injury on 10/03/2009. The mechanism of injury was not provided. The clinical note dated 01/13/2014, noted the injured worker presented with lower back pain radiating down the bilateral extremities, continued complaints of pain and numbness in the bilateral hands, and pain in the right knee. Upon exam, there was tenderness to the posterior cervical musculature and tenderness to the suboccipital region, decreased sensation along the lateral arm and forearm, as well as the 2nd, 3rd, and 4th digits bilaterally, and a positive Tinel's sign bilaterally. There was tenderness upon palpation in the posterior lumbar musculature, sciatic notch region, lateral subacromial bursa, left groin region, right ankle, and decreased motor strength with flexion of the hip. Previous treatment included physiotherapy and medication management. The diagnoses were lumbar myoligamentous injury with moderated size disc protrusion and lateral recess and foraminal stenosis, bilateral lower extremity radiculopathy, spinal cord dysesthesias, left greater than right, cervical myoligamentous injury with associated cervicogenic headaches, and reactionary depression/anxiety. The current treatment plan included a home exercise regimen, medications, a request for a trial of spinal cord stimulation, and the provider recommended a Tempur-Pedic Cloud Luxe mattress for cervical, thoracic, and lumbar. The provider's rationale was not included within the submitted documentation. The request for authorization was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMPUR-PEDIC CLOUD LUXE MATTRESS FOR CERVICAL THORACIC AND LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 333-796.

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 - Lumbar and Thoracic, Mattress Selection.

Decision rationale: The Official Disability Guidelines do not recommend the use of firmness as sole criteria. In a recent RCT, a Wonder Bed and a body contoured foam mattress generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. Another clinical trial concluded that injured workers with medium to firm mattresses had better outcomes than injured workers with a firm mattress for pain in bed, pain on rising, and disability. A mattress of medium firmness improves pain and disability among injured workers with chronic, nonspecific low back pain. There are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective, and depends on a person's preference and individual factors. On the other hand, pressure ulcers may be treated by special support surfaces designed to redistribute pressure. The included medical documents do not indicate that the injured worker had individualized factors such as pressure ulcers that may be treated by special support surfaces designed to redistribute pressure. There is lack of evidence that a mattress selection would significantly improve functional deficits in the injured worker. As such, the request is not medically necessary.