

Case Number:	CM14-0037972		
Date Assigned:	06/25/2014	Date of Injury:	05/09/2006
Decision Date:	07/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 Medicine 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 45 year-old female, DOI 5/09/06. Subsequent to a strain opening a heavy door she has developed chronic shoulder and cervical pain. She has been treated with physical therapy, medications and injections for her chronic pain syndrome. The narrative associated with the requests reviewed do not contain any detail regarding the justification for the mattress nor is there specific justification or goals associated with the physical therapy request. The Xanax request has no details regarding amounts or recommended pattern of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep numbered bed.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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: MTUS guidelines do not discuss this in adequate detail. ODG Guidelines discuss this issue in regards to the low back and there is no recommendation for a specific

mattress. The claim involves the cervical spine and a specific cervical support or pillow may be useful, but that was not requested. There are no guidelines that recommend a specific mattress for the cervical spine or for the low back. The sleep number mattress request is not medically necessary.

Physical therapy two times a week for four weeks./: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: There is no documentation from the requesting physician regarding the extent or success of prior physical therapy. There is no documentation of the specific goals associated with this request. The request for therapy is not the initial request and it is reasonable to subsequent therapy be limited as prior therapy would have provided instruction in rehabilitation and self management. A few sessions to renew instruction may be reasonable, but the request is extensive and similar to what one would expect of an initial request. MTUS Guidelines recommended from 8-10 sessions for initial therapy. Guideline supported subsequent therapy would be substantially less. The amount of therapy requested is not medically necessary.