

Case Number:	CM14-0038299		
Date Assigned:	06/25/2014	Date of Injury:	08/17/2005
Decision Date:	08/29/2014	UR Denial Date:	03/13/2014
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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 17, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; epidural steroid injection therapy; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report dated March 13, 2014, the claims administrator denied a request for Sleep Number mattress, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. On October 16, 2013, the applicant was described as having retired from her former place of employment, persistent complaints of low back pain radiating to the right leg. The applicant was given Mobic for pain relief. On November 14, 2013, the applicant was given prescriptions for Mobic and Flexeril for pain relief. On March 6, 2014, the applicant's primary treating provider sought authorization for a Sleep Number mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Number Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) for the Low Back - Mattress Selection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Sleeping Surfaces section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, there is no recommendation for or against usage of any specific commercial products such as mattresses. While applicant should survive those mattresses, beddings, pillows, etc., which are most comfortable for them, these are, however, matters of applicant preference as opposed to matters of medical necessity. There is no evidence of provision of any one mattress or mattress would necessarily ameliorate the applicant's low back pain. Therefore, the request for Sleep Number Mattress is not medically necessary and appropriate.