MAXIMUS Federal Services

Case Number:	CM14-0039118		
Date Assigned:	06/27/2014	Date of Injury:	07/09/1993
Decision Date:	07/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of July 9, 1993. A utilization review determination dated March 4, 2014 recommends no medical necessity of a Cratmatic queen sized top mattress replacement. A progress note dated January 15, 2014 identifies subjective complaints of persistent lumbar and mid thoracic pain, pain at intrathecal pump site, frequent bruising and bumping of the pain pump, request for removal of intrathecal pain pump because the patient no longer feels that it is helping, and the patient requests replacement of a Craftmatic queen size bed that was purchased several years ago and is now worn out and uncomfortable. Current medications include soma 350 mg one every 4 to 6 hours, Lunesta 2 mg one at bedtime, acetaminophen/codeine #4 1 to 2 tablets every hours, DSS 100 mg one every 12 hours, capsaicin 0.075% cream applied to affected area three times a day, diclofenac sodium 1.5% apply to affected area three times a day, Gabapentin 600 mg take one tablet every eight hours for nerve pain, Atenolol 50 mg one daily, hydrochlorothiazide 25 mg one daily, and Lisinopril 30 mg one daily. There is no physical examination available for review. Diagnoses include post laminectomy lumbar syndrome and lumbar degenerative disc disease. The treatment plan recommends removal of the intrathecal morphine pain pump, pre-op chem-7, CBC, EKG, request for a new Craftmatic bed, and a return visit in four weeks. The patient's work status is permanent and stationary. The Craftmatic queen-size top mattress replacement original utilization review denial was dated January 28, 2014. An appeal letter to the denial of the Craftmatic bed was written on February 19, 2014. The letter states within the discussion that the Craftmatic mattress was originally requested and authorized and has lasted many years until recently when it has worn out. Due to the mattress current state the patient is having increased pain and discomfort. The patient would benefit from a replacement mattress due to the current mattress being an aggravating factor for her chronic low back pain. Also, the request for a replacement mattress is not based on a personal preference rather it is an attempt to improve the patient's pain and disability. An MRI of the thoracic spine dated December 26, 2013 identifies

multilevel degenerative disc disease and disc osteophyte complexes with mild central canal narrowing along with superimposed congenital narrowing of the spinal canal on a developmental basis. Multilevel neuroforaminal narrowing from disk osteophyte complexes and facet hypertrophy is moderate - severe at bilateral T10 - T11.There is no evidence of an enhancing mass or lesion to suggest a granuloma at the catheter tip at the T 10 vertebral body.

IMR ISSUES, DECISIONS AND RATIONALES

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

Top mattress queen sized Craftsman replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding Mattress selection, low back.

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 Pain Chapter, Mattress selection.

Decision rationale: Regarding the request for a Craftmatic queen size top mattress replacement, California MTUS and ODG do not contain criteria for the purchase of a bed. The ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested Craftmatic queen size top mattress replacement is not medically necessary.