

Case Number:	CM14-0040318		
Date Assigned:	06/27/2014	Date of Injury:	08/23/2007
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old female who has submitted a claim for lumbar spondylolisthesis, lumbar stenosis, lumbar radiculopathy, and chronic low back pain associated with an industrial injury date of 08/23/2007. Medical records from 08/29/2013 to 06/27/2014 were reviewed and showed that patient complained of incisional pain (grade not specified) without numbness of the lower extremities. Physical examination revealed antalgic gait and a well-healed surgical scar. MMT and sensation to light touch of the lower extremities were intact. The x-ray of the lumbar spine dated 03/20/2014 revealed stable alignment with reduction of grade II anterolisthesis at L5-S1 and stable positioning of the fusion hardware. MRI of the lumbar spine dated 12/10/2013 revealed grade II anterolisthesis of L5 over S1, and annular bulging at L4-5 and L5-S1. EMG/NCV study of the lower extremities revealed bilateral L5 and subtle S1 radiculopathies. Treatment to date has included L5-S1 decompression and fusion (01/17/2014) and pain medications. Utilization review dated 03/27/2014 denied the request for Sertapedic mattress because the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertapedic mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp. web version. Low back section.

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: CA MTUS does not specifically address mattress selection. Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) were used instead. ODG states that in mattress selection, it is not recommended to use firmness as a sole criterion. 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. In this case, a Sertapedic mattress was requested to improve sleep and reduce pain. However, there is a lack of evidence-based literature that would support the use of specialized mattresses for low back pain. The guideline does not support purchase as selection is subjective. The medical necessity has not been established due to lack of compelling evidence to support its use. Therefore, the request for Sertapedic mattress is not medically necessary.