

Case Number:	CM14-0046404		
Date Assigned:	07/02/2014	Date of Injury:	08/07/2000
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgery 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 injured worker is a 48 year-old male who was reportedly injured on 8/7/2000. The mechanism of injury is not listed in the records provided. The most recent progress note dated 5/27/2014, indicates that there are ongoing complaints of low back pain radiating down to bilateral lower extremities on the left. The physical examination demonstrated the lumbar spine had positive tenderness to palpation bilaterally, decreased muscle rigidity along the lumbar paraspinal muscles, and decreased range of motion with pain. The patient has a positive straight leg raise at 40 bilaterally which caused radicular symptoms. There was a decreased sensation to pin well at approximately the L5 or S1 distribution. An MRI of the lumbar spine was done on 4/1/2014 which revealed a multilevel degenerative disc disease of the lumbar spine and broad-based annular disc bulge at L3 and at L5-S1 with moderate left neural foraminal stenosis. Previous treatment includes medication, injections, and conservative treatment. A request had been made for an orthopedic mattress which was non-certified by Utilization Review on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic mattress: Upheld

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

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 & Thoracic (Acute & Chronic). Mattress selection, updated 7/3/20 14.

Decision rationale: There are no high-quality studies to support purchases 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. On the other hand, pressure ulcers or individuals with spinal cord injury may be treated by special support services including beds, mattresses and cushions designed to redistribute pressure. After review of the medical documentation provided the injured worker does have low back pain, however, they do not have a spinal cord injury. Therefore this request is deemed not medically necessary.