

Case Number:	CM14-0049989		
Date Assigned:	07/07/2014	Date of Injury:	08/03/1993
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 injured worker is a 64 year old female who sustained an injury to the low back on 08/03/93. The mechanism of injury was not documented. A clinical note dated 05/02/14 reported that the injured worker has worsening pain on the right side involving both upper and lower extremities, involving multiple dermatomal distributions and extending down the C5 through C7 dermatomes in the upper extremity and diffused in the lower extremity at L4, L5, and S1. Physical examination noted no new frank weakness, but pain distribution and limited range of motion secondary to pain as well as neck stiffness. Electrodiagnostic studies (EMG/NCV) of the bilateral lower extremities dated 06/27/14 was unremarkable. Recommended treatment was for physical therapy, strengthening exercises, range of motion, massage, and neck modalities as well as reconditioning of the cervical/lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for the purchase of Tempur-Rhapsody mattress, California King Size, for the date of service 07/15/13: 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), Treatment in Workers Compensation (TWC), Low Back Procedure Summary last updated 02/13/2014.

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 chapter, Mattress selection.

Decision rationale: The previous request was denied on the basis that specialty mattresses such as Tempurpedic mattresses are generally not recommended by state or federal programs because they do not represent medical treatment. The Official Disability Guidelines state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as treatment for complaints of the lumbar and cervical spine, the medical necessity of the request was not indicated as medically appropriate. Given the clinical documentation submitted for review, medical necessity of the retrospective request for the purchase of Tempur-Rhapsody, California King size, for the date of service 07/15/13 is not indicated as medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD, Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039.

Decision rationale: The previous request was denied on the basis that there was no indication that the injured worker is morbidly obese and unable to tolerate a physical therapy program. There was no documentation noting that the injured worker attempted to manage obesity through diet and exercise. Without trial and failure of obesity self-management, medical necessity of the request was not indicated as medically appropriate. The current literature states that it would be medically necessary to treat obesity when the following criteria are met: weight reduction medications and clinician supervision of weight reduction programs. Given this, the request for a weight loss program is not indicated as medically necessary.