

Case Number:	CM14-0058506		
Date Assigned:	07/09/2014	Date of Injury:	02/09/2012
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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 56 year-old female, who sustained an injury on February 9, 2012. The mechanism of injury occurred when a little girl jumped on her and she lifted the girl up. Diagnostic studies have included, lumbar spine dated February 26, 2014 and reported showing multi-level degenerative disc disease and scoliosis. Treatments include medications, physical therapy, and chiropractic. The current diagnoses are thoracolumbar scoliosis, lumbar herniated nucleus pulposus, and facet arthropathy. The stated purpose of the request for a mattress with elevation was not noted. The request for a mattress with elevation was denied on April 14, 2014, citing a lack of evidence-based medical guideline support for a specialized mattress. There was no description of the mattress and no documented medical necessity for elevation. Per the report dated April 3, 2014, the treating physician noted complaints of low back pain with radiation to both lower extremities. Exam findings included restricted lumbar range of motion, and positive straight leg raising tests. Per a report dated November 22, 2013, future medical care included medications, physical therapy, and orthopedic re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mattress with elevation: 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), 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.

Decision rationale: The MTUS and ACOEM are silent on this issue. The ODG states that specialized mattresses are not recommended to use firmness as sole criteria, and there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The injured worker has low back pain with radiation to both lower extremities. The treating physician has documented restricted lumbar range of motion, and positive straight leg raising tests. The treating physician has not documented medical necessity, or has provided evidence-based, peer-reviewed, nationally recognized medical literature to support this item. The criteria above have not been met, therefore, this request is considered not medically necessary.