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| Case Number: | CM14-0066837 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 07/09/2004 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 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:

According to the records made available for review, this is a 52-year-old female with a 7/9/09 date of injury. At the time of request for authorization for orthopedic mattress and leg spacer pillow, there is documentation of subjective (flare-up of low back pain) and objective (tenderness to palpation over the lumbar paraspinals, positive straight leg raise, decreased lumbar range of motion, and decreased sensation over the right L4 dermatome) findings. The current diagnoses include lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and sprain of sacroiliac ligament. The patient's treatment to date includes home exercise program, medications, injections, and activity modification. Regarding leg spacer pillow, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Mattress selection.

Decision rationale: The MTUS does not address this issue. The ODG identifies that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Therefore, based on guidelines and a review of the evidence, the request for orthopedic mattress is not medically necessary.

Leg spacer pillow, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website, CIGNA (<http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>).

Decision rationale: The MTUS and ODG do not address this issue. The Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested leg spacer pillow. A search of online resources failed to provide any articles/studies addressing criteria for the medical necessity for the requested leg spacer pillow. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and sprain of sacroiliac ligament. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for leg spacer pillow is not medically necessary.