

Case Number:	CM14-0076881		
Date Assigned:	07/18/2014	Date of Injury:	01/06/2010
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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:

Patient is a 46 year-old female with date of injury 01/06/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/05/2014, lists subjective complaints as constant neck pain with radiation to the bilateral upper extremities and low back pain with radiation to the bilateral lower extremities. Objective findings: Examination of the cervical spine revealed restricted range of motion and diffuse tenderness upon palpation. There was diffuse sensory changes in the left upper and lower extremities, as well as breakthrough weakness throughout. Diagnosis: 1. Status post cervical stenosis with residuals 2. Left upper extremity reflex sympathetic dystrophy with residuals 3. Neuralgia with facial pain and headaches 4. Depression, anxiety, sleep disturbance 5. Status post removal of spinal cord stimulator 6. Chronic internal medical residuals of industrial injuries 7. Persistent myeloradiculitis and myeloradiculopathy with upper and lower extremity radiations. Patient is status post anterior cervical partial vertebrectomy C5-6, anterior cervical interbody arthrodesis, anterior cervical instrumentation at C5-6 and removal of spinal cord stimulator device from the cervical through the lumbar spine on 06/11/2012. Patient underwent extensive post-operative physical therapy in 2012, and in the past 12 months underwent an additional 16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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).

Decision rationale: The request is actually for a memory foam mattress. The Official Disability Guidelines state 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. Mattress selection is subjective and depends on personal preference and individual factors. Durable Medical Equipment (memory foam mattress) is not medically necessary.