MAXIMUS Federal Services

Case Number:	CM14-0079143		
Date Assigned:	07/18/2014	Date of Injury:	10/03/2013
Decision Date:	09/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year-old female who was injured on 10/3/2013 involving her back. She was diagnosed with lumbar pain and lumbar spondylosis. She was treated with oral medications, physical therapy, TENS unit, and used hot baths to help reduce her pain. She was unable to return to work, regardless of efforts to treat her back pain, but was discussing how to return with her lawyer. On 4/22/2014, the worker was seen by her pain specialist complaining of her continuing low back pain with left lower extremity pain unchanged since her last office visit. She reported that she hadn't yet started her aquatic therapy. She also reported that she had used a firm board under her mattress or had slept on the floor before which seemed to reduce her pain, and inquired if a more firm bed mattress would provide the same benefit. She reported using her oral medications (NSAIDs, opioids, and muscle relaxants) as needed. She was then recommended a firm mattress for her back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Firm Mattress for the bed: 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) and worklossdata.com.

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 section.

Decision rationale: The MTUS Guidelines do not address firm mattresses as standard therapy for low back injuries/pain. The ODG, however, states that mattress selection is not recommended to use firmness as the sole criteria. Unfortunately, there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain, and mostly depends on personal preference and individual factors. In the case of this worker, experimentation with making her existing bed more firm seemed to provide benefit, which could certainly be continued without any request. Therefore, the firm mattress is not medically necessary.