MAXIMUS Federal Services

Case Number:	CM14-0094915		
Date Assigned:	07/25/2014	Date of Injury:	10/03/2009
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 66 year old female was reportedly injured on October 3, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of low back pain radiating down the bilateral lower extremities. The injured employee is stated to have osteoporosis and was therefore not recommended to have lumbar spine surgery. A previous discogram was also a positive at three out of four levels. Current medications include Norco, Cymbalta, Lidoderm patches, and Flector patches. The injured employee also uses a transcutaneous electrical nerve stimulation (TENS) unit. The physical examination demonstrated tenderness along the posterior cervical musculature and suboccipital region, decreased cervical spine range of motion, neurological examination revealed decreased sensation along the second, third, and fourth digits bilaterally, a bilateral Tinel's sign at the wrist with noted thenar atrophy, lumbar spine also noted tenderness along the paraspinal muscles decreased lumbar spine range of motion, decreased sensation at the anterior lateral, and medial calf at the L4 nerve distribution. Diagnostic imaging studies of the lumbar spine noted a broad based disc protrusion at L3 to L4 with bilateral neural foraminal narrowing and facet hypertrophy. There was also a disc bulge at L4 to L5 any disc protrusion at L5 to S1. A request was made for a [redacted] mattress and was not certified in the preauthorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **orthopedic mattress:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter;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 and Thoracic, Mattress Selection, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines 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. As such, this request for a [redacted] orthopedic mattress is not medically necessary.