MAXIMUS Federal Services

Case Number:	CM13-0034872		
Date Assigned:	01/22/2014	Date of Injury:	04/29/2009
Decision Date:	03/12/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on April 29, 2009. His diagnoses include status post lumbar decompression at lumbar 4-5 and lumbar 5-sacral 1 on May 15, 2013, status post cervical 4 corpectomy with strut grafting at cervical 3-5 and anterior cervical discectomy and fusion at cervical 5-6 in 2009, bilateral shoulder impingement syndrome with type II acromion, rule out lumbar spine residual stenosis, and worsening stenosis. He has been treated with pain and muscle relaxant medications, brace, walks with a walker, and physical therapy. On September 20, 2013, his treating physician reports significant residual neck pain with radiation to the interscapular region and bilateral upper extremities. The injured worker also complains of constant lower back pain with radiation to the bilateral lower extremities, intermittent swelling of the feet, and intermittent left shoulder pain. The injured worker reported his headaches and pain of the neck and lower back were worse from the prior visit. The physical exam revealed persistent residual weakness, discoordination, and some weakness of the lower extremities.On October 3, 2013, Utilization Review non-certified a request for an orthopedic mattress, noting the lack of supporting guidelines and scientific literature, and the Official Disability Guidelines (ODG) was cited.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower back section, Mattress selection

Decision rationale: The MTUS Guidelines do not address specific 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 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, although the intention of the provider was to help the worker reduce his neck and back pain, there is insufficient supportive evidence to be specific enough to choose a specific mattress type or brand. Therefore, the "orthopedic mattress" will be considered medically unnecessary.