

Case Number:	CM14-0176811		
Date Assigned:	12/16/2014	Date of Injury:	08/24/1986
Decision Date:	01/15/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 72-year-old gentleman with a date of injury of 08/24/1986. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/16/2014, 08/19/2014, and 09/26/2014 indicated the worker was experiencing lower back pain that went into the legs, anxiety, depression, and decreased sensation in the legs. A documented examination recorded on 07/16/2014 described tenderness in the center of the back and decreased motion in the lower back joints; the other submitted records did not include documented examinations. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, lumbar spinal stenosis, unstable spondylolisthesis, and degenerative disk disease. Treatment recommendations included oral and topical pain medications, bed rest, ice and heat therapy, follow up care, and a firm mattress. A Utilization Review decision was rendered on 10/19/2014 recommending non-certification for a firm mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Firm Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, ACOEM and on the Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chou R, et al. Subacute and chronic low back pain: Pharmacologic and non-interventional treatment, Topic 7770, version 26.0, Up-to-date, accessed on 01/07/2014.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. There are many conservative treatments that can improve lower back pain intensity and a worker's overall function. There is some literature to support the use of "medium-firm" mattresses over "firm" mattresses and conforming-type mattresses over "firm" mattresses to minimize pain and pain-related sleep loss. These terms are subjective, however, and may vary in meaning. The submitted and reviewed records indicated the worker was experiencing on-going lower back pain. There was no discussion sufficiently supporting the need for a firm mattress. In the absence of such evidence, the current request for a firm mattress is not medically necessary.