

Case Number:	CM14-0183892		
Date Assigned:	11/10/2014	Date of Injury:	06/05/1990
Decision Date:	02/03/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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:

This is a 58-year-old male with a 6/5/1990 date of injury. The injury occurred when he was lifting and carrying equipment. A progress report dated 9/20/14 noted subjective complaints of back, leg, and feet pain. Objective findings included decreased lumbar ROM. Diagnostic Impression: lumbar disc disease s/p lumbar fusion, post-lumbar laminectomy syndrome. Treatment to Date: medication management, physical therapy. A UR decision dated 10/7/14 denied the request for a massage air bed for the lumbar spine. Given the lack of support for a mechanical massage device and specialty mattress, this request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage air-bed for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

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 Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that mattress selection is not recommended. 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. Therefore, the request for a massage air-bed for the lumbar spine is not medically necessary.