MAXIMUS Federal Services

Case Number:	CM14-0186878		
Date Assigned:	11/14/2014	Date of Injury:	05/02/2006
Decision Date:	01/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

The injured worker is a 39-year-old female who reported an injury on 05/02/2006. The mechanism of injury was not documented within the clinical notes. The injured worker's diagnoses were noted to include cervical disc displacement, lumbar disc displacement, and carpal tunnel syndrome. Their past treatments included physical therapy. There were no diagnostic imaging studies submitted for review. There was no surgical history documented within the clinical notes. The subjective complaints on 06/11/2014 included constant neck pain. The injured worker rates the pain 8/10 to 9/10. The physical exam findings revealed tenderness, swelling, and spasms to cervical spine. It was also noted that the injured worker has a positive Spurling's to the left. The medications were not documented within the clinical notes. The treatment plan was for an MRI and an orthopedic mattress. A request was received for an orthopedic mattress. The rationale for the request was not documented within the clinical notes. The Request for Authorization form was not submitted for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index (web), 2013 Low Back, 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, Mattress Selection.

Decision rationale: The request for orthopedic mattress is not medically necessary. The Official Disability Guidelines state regarding mattress selection that there are no high quality studies to support the purchase of any type of specialized mattress or bedding as treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. As the guidelines do not support orthopedic mattresses, the request is also not supported by the evidence based guidelines. As such, the request is not medically necessary.