

Case Number:	CM14-0188599		
Date Assigned:	11/19/2014	Date of Injury:	06/04/1999
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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:

The patient is a 49-year-old male who has submitted a claim for cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, lumbar disc degeneration, cervical spinal stenosis, brachial neuritis or radiculitis and hallux rigidus associated with an industrial injury date of 6/4/1999. Medical records from 2010 to 2014 were reviewed. The patient complained of worsening neck pain radiating to the right upper extremity. He likewise complained of low back pain radiating to the left lower extremity. The pain was described as dull and throbbing associated with numbness and weakness. There is no recent physical examination submitted for review. Treatment to date has included physical therapy and medications. The request for a mattress is to address his sleeping difficulty. The utilization review from 11/3/2014 denied the request for water circulating cold pad with pump because of no evidence of recent surgical procedure to warrant such; and denied mattress because it was only recommended as prevention of pressure ulcers among spinal cord injury patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Circulating Cold Pad with Pump: 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), Low Back: Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-Flow Cryotherapy

Decision rationale: CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, there is no documented rationale for a cold pump. The patient is not in a recent post-operative state. The medical necessity is not established due to insufficient information. Therefore, the request for water circulating cold pad with pump is not medically necessary.

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), Low Back: Lumbar and Thoracic (Acute and Chronic)

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, Mattress selection

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Low Back Chapter was used instead. ODG states that 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. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the patient complained of low back pain radiating to the left lower extremity. The pain was described as dull and throbbing associated with numbness and weakness. The request for a mattress is to address his sleeping difficulty. However, there is a lack of evidence-based literature that would support the use of a specialized mattress for low back pain. The medical necessity has not been established due to lack of compelling evidence to support its use. Therefore, the request for mattress is not medically necessary.