MAXIMUS Federal Services

Case Number:	CM14-0189021		
Date Assigned:	11/19/2014	Date of Injury:	02/12/2007
Decision Date:	01/29/2015	UR Denial Date:	10/27/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 50 year old male with the injury date of 02/12/07. Per physician's report 10/21/14, the patient has back pain, radiating down his right leg at 4-9/10 with medication and 10/10 without medication. The patient presents limited range of lumbar motion. His lumbar flexion is 30 degrees and extension is 5 degrees. The patient ambulates with a lamp. The patient is taking Oxycontin, Percocet, Paamelor, Neurontin, Colace, Senokot and MiraLax powder. The lists of diagnoses are:1) s/p lumbar laminectomy and discectomy at L5-S1 with a history of developing discitis complications and coagulation negative enterococcus infection with a dural leak with subsequent reapir with ongoing back pain and radicular symptoms in his right with ongoing neurogenic claudication and cramps in his right leg2) Insomnia due to painPer 09/23/14 progress report, the patient has back pain with severe muscle spasms. The patient reports "increasing difficult time trying to sleep at night. He is asking for a new mattress. He also asks for a cane. ... Increasing difficult time trying to ambulate and feels that his leg will give out and then he will fall." Per 08/26/14 progress report, the patient "cannot repetitively bend or stoop, lift more than 10 pounds, prolonged sit or stand more than 30 minutes at a time on a permanent basis for now." The utilization review determination being challenged is dated 10/27/14. Treatment reports were provided from 05/08/14 to 10/21/14.

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 Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

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, and Knee & Leg Chapter, Durable Medical Equipment

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The patient is s/p lumbar laminectomy and discectomy at L5-S1 and the date of surgery is not provided. The request is for orthopedic mattress. MTUS and ACOEM are silent on orthopedic beds. ODG does provide some guidance in the Low Back chapter, Mattress selection that states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury.The 09/23/14 report states that the patient has "increasing difficult time trying to sleep at night. He is asking for a new mattress. "In this case an orthopedic bed is not primarily used for a medical purpose and there is lack of support from any of the guidelines. The request is not medically necessary.