

Case Number:	CM14-0190723		
Date Assigned:	11/24/2014	Date of Injury:	08/04/2010
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 Pain Management and Rehabilitation, 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 30 year old male with an injury date of 05/04/10. Based on the 10/13/14 progress report, the patient complains of low back pain. He has radiation down the lateral left leg with some paresthesias and he rates his pain as a 6/10. He has numbness, tingling, and weakness of his left big toe. In regards to his lumbosacral spine, he is tender at the left iliac crest and has limited flexion/extension. He has pain with forward flexion. The patient has decreased sensation in the left lateral leg and the straight leg raise causes back pain. The patient has severe sleep disorder and is unable to sleep in his current bed. MRI of lumbar spine from 04/24/13 revealed the following: Interval left L4 and L5 laminectomy Interval improvement in L4-L5 spinal canal stenosis Otherwise, stable multilevel lumbar spondylosis and facet disease with neuroforaminal stenosis The patient's diagnoses include the following: Low back pain with radicular symptoms Left L4-L5 laminectomy on 06/20/12 Significant sleep disorder The utilization review determination being challenged is dated 10/22/14. The rationale is that "while it is acknowledged that he is documented as having sleep difficulties due to pain, the medical necessity of the requested specialized mattress is not established for this patient as there is no guideline support for its use as a treatment for low back pain." There was one treatment report provided from 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic XXXXXXXXXX **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, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Under Durable Medical Equipment Low Back chapter, Mattress selection

Decision rationale: According to the 10/13/14 report, the patient presents with low back pain and has radiation down the lateral left leg with some paresthesias. The request is for an Orthopedic [REDACTED] 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 10/13/14 report states that the patient "would like to try a new bed to see if he can get adequate sleep as he has not had a full night sleep in the past four years." In this case an orthopedic bed is not primarily used for a medical purpose. Therefore, the request for Orthopedic [REDACTED] Mattress is not medically necessary.