

Case Number:	CM14-0196781		
Date Assigned:	12/04/2014	Date of Injury:	05/11/2003
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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:

Patient is a 70 year-old female with date of injury 05/11/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/12/2014, lists subjective complaints as pain in the mid and low back. Patient is status lateral and posterior revision extension fusion at T10 to S1 on 10/30/2014. Patient currently uses a brace and a walker. Objective findings: Physical examination revealed well-healed wounds with no erythema, warmth, or signs of infection. Proximal aspect of the posterior incision showed some skin puckering and swelling. No motor or sensory deficits. Strength in the lower extremities was improved on the left at 4+/5. Diagnosis: 1. Adjacent level degenerative disc disease, status post lateral and posterior revision extension fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Orthopaedic 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 & 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), Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The Official Disability Guidelines state 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. Therefore, based on the Guidelines, this request is not medically necessary.