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| Case Number: | CM14-0200711 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 04/10/2012 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of April 10, 2012. In a Utilization Review Report dated November 25, 2014, the claims administrator denied a Tempur-Pedic mattress. The claims administrator referenced non-MTUS ODG Guidelines, a progress note of October 29, 2014, and an RFA form of November 18, 2014 in its denial. The applicant's attorney subsequently appealed. In an October 29, 2014 progress note, the applicant reported ongoing complaints of chronic low back pain, status post earlier lumbar fusion surgery on September 9, 2014. The pain management referral and Tempur-Pedic mattress were endorsed while the applicant was kept off of work. A well-healed surgical wound was noted with x-rays demonstrating good position of indwelling fusion hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-Pedic 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), Mattress Selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Specific Treatment Interventions section

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines, Chronic Pain Chapter notes that specific beds or other commercial sleep products such as the Tempur-Pedic mattress at issue are "not recommended" in the treatment of any chronic pain syndrome. ACOEM takes the position that beds, mattresses, and the like are, in essence, matters of applicant preference as there is no quality evidence to support the proposition that specific commercial products or mattresses have a primary role in the treatment or prevention of chronic low back pain. In this case, the attending provider, did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.