

Case Number:	CM14-0085941		
Date Assigned:	07/23/2014	Date of Injury:	03/11/2012
Decision Date:	04/03/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51-year-old male who reported an injury on 03/11/2012. The mechanism of injury was not provided. His diagnoses include sprain/strain of the cervical, thoracic, and lumbar spine. A 05/05/2014 clinical note indicates that the injured worker reported severe neck, mid back, and low back pain. His physical examination revealed severe myospasms throughout the spine and multilevel subluxations. The treatment plan included therapeutic exercise, cervical and lumbar traction, electrical stimulation as needed, and myofascial release. It was also noted that a Tempur Pedic mattress was being prescribed, as his previous mattress is 20 years old and he reported significant pain reduction with use of the mattress. The previous determination letter, dated 05/27/2014, indicated that a 05/23/2014 note had stated that the claimant was unable to sleep due to pain and he was only getting approximately 4 hours of sleep due to his mattress breaking down and not supporting his body. Therefore, the request was received for a Tempur Pedic mattress. Details regarding the patient's past treatments, surgical history, and diagnostic testing were not provided.

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 Clinical Policy Bulletins, Number: 0543 - Subject: Hospital Beds and Accessories Policy.

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, Mattress selection.

Decision rationale: According to the Official Disability Guidelines, there are no high quality studies to support the purchase of any type of specialized mattress as a treatment for low back pain, as mattress selection is subjective and depends on personal preference and individual factors. The clinical information submitted for review indicated that the injured worker had been utilizing a Tempur Pedic mattress for 20 years, which had helped his pain. He was noted to have increased pain due to his mattress breaking down. Therefore, a new Tempur Pedic mattress was recommended. However, as the guidelines state there are no high quality studies to support purchase of any type of specialized mattress, the request is not supported. As such, the request is not medically necessary.