

Case Number:	CM15-0008659		
Date Assigned:	01/26/2015	Date of Injury:	09/08/2009
Decision Date:	03/26/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

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 33-year-old female who reported an injury on 09/08/2009. The mechanism of injury involved repetitive activity. The current diagnoses include cervical disc disease, thoracic strain, lumbar disc disease, and bilateral knee chondromalacia. The injured worker presented on 11/13/2014 with complaints of neck pain radiating into the left upper extremity with weakness and numbness. The injured worker also reported difficulty sleeping. Upon examination, there was tenderness to the cervical spine, motor weakness in the left upper extremity, tenderness to the lumbar spine, no acute neurological deficit. The injured worker was instructed to continue with the home exercise regimen. An orthopedic mattress was recommended secondary to the combination of cervical and lumbar spine problems that make it difficult for the injured worker to sleep at night. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Orthopedic Mattress Cervical, Thoracic, Lumbar, Bilateral Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Low Back - Mattress Selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Mattress Selection.

Decision rationale: The Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. According to the documentation provided, the injured worker presented with complaints of persistent pain in the neck with radiation into the upper extremities. It is unclear how the requested item will specifically address the injured worker's current condition or improve function. The medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.