

Case Number:	CM15-0100662		
Date Assigned:	06/03/2015	Date of Injury:	10/02/1997
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old man sustained an industrial injury on 10/21/1997 while getting out of a truck. Evaluations include lumbar spine MRI dated 5/4/2012. Diagnoses include lumbar spine disc degeneration, lumbar spine facet joint syndrome, lumbosacral spondylosis, low back pain, lumbar radiculitis, knee pain, muscle spasm, and sacroiliitis. Treatment has included oral medications, physical therapy, TENS unit, chiropractic therapy, psychiatric, acupuncture, and surgical intervention. Physician notes dated 5/1/2015 show complaints of pain tot eh low back and bilateral knees. Recommendations include therma care heat wraps patches, Norco, lumbar spine x-ray, lumbosacral orthotic brace, sacroiliac joint injection, orthopedic mattress, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Mattress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The ODG also does not recommend specific mattresses for the treatment of back pain. The equipment itself is not rentable or able to be used by successive patients. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.