MAXIMUS Federal Services

Case Number:	CM15-0107177		
Date Assigned:	06/11/2015	Date of Injury:	10/09/2013
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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
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 41-year-old male who sustained an industrial injury on 10/9/13 resulting from repetitive work and overcompensation. He reports that he aggravated an old back injury (1/19/12). He was medically evaluated and MRI's revealed that prior low back injury had worsened. He was treated with medications, massage therapy, electrical stimulation, heat pads, acupuncture all of which were of no benefit. He currently complains of back pain with radiation in both legs (8/10); bilateral shoulder pain (9/10); achy neck pain (8/10); difficulty sleeping due to pain. On physical exam there was tenderness to the lumbar spine and sciatic notch region; bilateral positive straight leg raise. There was difficulty with standing from seated position. Medications are Hydrocodone and Zolpidem. He had a urine drug screen dated 12/3/14 which was inconsistent with prescribed medications noting inconsistency with Zolpidem. Diagnoses include lumbar spine myofascitis with radiculitis. Treatments to date include medications. In the progress note dated 4/23 15 the treating provider's plan of care includes requests for custom lumbosacral orthosis brace for purchase; custom orthotic mattress to facilitate better sleeping and proper posture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Lumbo-Sacral Orthosis (LSO) brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, Lumbar supports.

Decision rationale: The 41-year-old patient complains of low back pain, rated at 8/10, neck pain radiating to bilateral arms, rated at 3/10, and bilateral shoulder pain, rated at 7/10, as per progress report dated 04/27/15. The request is for custom lumbo-sacral orthosis (LSO) brace purchase. The RFA for the case is dated 05/06/15, and the patient's date of injury is 10/09/13. Diagnoses, as per progress report dated 04/27/15, included lumbar spine myofascitis with radiculitis. The patient is off work, as per the same progress report. ODG Guidelines, chapter "Low Back Pain" and Title "Lumbar Supports", state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use. " In this case, the request for LSO brace "for daily use" is noted in progress report dated 04/27/15. The treater, however, does not document spinal instability, spondylolisthesis or compression fractures. There is no radiographic evidence of instability either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request IS NOT medically necessary.

Orthopedic 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 (updated 04/29/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, under Mattress Selection Knee & Leg Chapter, Under Durable Medical Equipment.

Decision rationale: The 41-year-old patient complains of low back pain, rated at 8/10, neck pain radiating to bilateral arms, rated at 3/10, and bilateral shoulder pain, rated at 7/10, as per progress report dated 04/27/15. The request is for orthopedic mattress. The RFA for the case is dated 05/06/15, and the patient's date of injury is 10/09/13. Diagnoses, as per progress report dated 04/27/15, included lumbar spine myofascitis with radiculitis. The patient is off work, as per the same progress report. MTUS and ACOEM are silent on orthopedic beds. ODG-TWC, Low Back- Lumbar & Thoracic Chapter, under Mattress Selection states, "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. On the other hand, pressure ulcers (e. g. , from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)"ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, a request for orthopedic mattress is noted in progress report dated 04/27/15. The treater states that the mattress will "facilitate better sleeping and proper position of L/S at

night." ODG, however, does not support "any type of specialized mattress or bedding as a treatment for low back pain." There is no mention of pressure ulcers that would warrant a special support surface, either. Furthermore, ODG's definition of DME states that it must primarily be used for a medical purpose and not generally useful in the absence of an illness; and a mattress is routinely used for non-medical purposes as well. Hence, the request IS NOT medically necessary.