

Case Number:	CM15-0015917		
Date Assigned:	02/03/2015	Date of Injury:	04/14/2000
Decision Date:	04/08/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 sustained an industrial injury on 4/14/2000. The diagnoses have included lumbar radiculopathy and right hip osteoarthritis, per the Utilization Review report. Treatment to date has included surgical interventions and conservative measures. Currently, the injured worker was pending authorization/denial for repeat caudal epidural steroid injections under fluoroscopy. The reason for the requested treatment at issue was not documented. A physical exam was not noted. The Utilization Review report referenced a request for Tempur-pedic bed to help the injured worker at nighttime with pain. On 1/05/2015, Utilization Review non-certified a request for a Tempur-pedic bed, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-pedic Bed XI: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The injured worker sustained a work related injury on 4/14/2000. The medical records provided indicate the diagnosis of lumbar radiculopathy and right hip osteoarthritis, per the Utilization Review report. Treatment to date has included surgical interventions and conservative measures. The medical records provided for review do not indicate a medical necessity for Tempur-pedic Bed XI. The MTUS is silent on this; but the Official Disability Guidelines does not recommend the use of one mattress over another due to lack of high quality studies supporting any.