

Case Number:	CM15-0133029		
Date Assigned:	07/21/2015	Date of Injury:	10/17/2002
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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, Florida, California

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:

This is a 48 year old female with an October 17, 2002 date of injury. A progress note dated March 30, 2015 documents subjective complaints (headaches, minimum one each day; dizziness; increased loss of memory on a daily basis; concentration and reading difficulty; bilateral wrist and hand aching; anxiety and depression secondary to chronic pain; difficulty sleeping due to chronic pain; cervical, thoracic, and lumbar spine pain rated at a level of 7/10), objective findings (decreased range of motion of the cervical spine; point tenderness to palpation over the left sacroiliac region and left sacrum; decreased range of motion of the lumbar spine; slight tenderness of the volar, dorsal, and lateral wrist noted, left greater than right; positive Finkelstein's on the left strongly and mildly positive on the right; slight tenderness and mild muscle spasm of the parathoracic muscles in the interscapular region), and current diagnoses (status post closed head injury with post-concussion head syndrome with post traumatic headaches, dizziness, and neuropsychological symptoms; cognitive dysfunction with memory and concentration difficulty and speech and reading difficulty; cervical strain; thoracic strain; lumbar strain with radiculopathy; secondary depression and anxiety; non-epileptic psychogenic spells of staring; insomnia due to chronic pain). Treatments to date have included medications and imaging studies. The treating physician documented a plan of care that included a Tempurpedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Mattress selection.

Decision rationale: This claimant was injured 13 years ago. As of March 2015, there were subjective complaints of headaches, minimum one each day; dizziness; increased loss of memory on a daily basis; concentration and reading difficulty; bilateral wrist and hand aching; anxiety and depression secondary to chronic pain; difficulty sleeping due to chronic pain; cervical, thoracic, and lumbar spine pain rated at a level of 7/10. Treatments to date have included medications and imaging studies. The ODG notes regarding mattress selection: 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. Mattresses are household items, and not uniquely medical equipment. The selection of a mattress, as it is with any other piece of household furniture, is up to the individual, and not for medical reasons. The request is not medically necessary.