

Case Number:	CM15-0135931		
Date Assigned:	07/23/2015	Date of Injury:	11/15/2002
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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

Certification(s)/Specialty: Emergency 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 is a 51 year old female, who sustained an industrial injury on 11/15/2002. Diagnoses include cervical/trapezius sprain/strain with left upper extremity radiculopathy, multilevel disc protrusions and stenosis, thoracic sprain/strain with bilateral lower extremity radiculopathy and a 2mm disc bulge at T6-8, bilateral mild to moderate carpal tunnel syndrome. Treatment to date has included medications, physical therapy and use of a Tempur-pedic motorized bed. Per the handwritten Primary Treating Physician's Progress Report dated 6/12/2015 the injured worker reported that she fell a couple of weeks ago when her knees gave out. She also states that she uses a Tempur-pedic motorized bed that she received through Worker's Comp a few years ago and the motor and base are broken and not part of a warranty. She requests a replacement. She also reported a stiff, sore neck and low back pain increased with the cold weather and difficulty sleeping due to pain. Physical examination revealed cervical spine tenderness to palpation with guarding. There was bilateral knee tenderness to palpation at the medial and lateral joint lines with crepitus and a positive McMurray's sign. The plan of care included medication management, possible injections, a new Tempur-pedic bed and follow-up care. Authorization was requested for purchase of a Tempur-pedic motorized bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic motorized bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Thoracic and Lumbar), Mattress Selection.

Decision rationale: MTUS Chronic pain guidelines and ACOEM guidelines do not adequately address this topic. Patient has chronic low back pains with complaints of poor sleep. No details of sleep problem was provided. According to the Official Disability Guideline (ODG), mattress selection is subjective and is not recommended due to lack of evidence to support any special mattress selection in back pain. As per ODG, mattress selection and comfort appears to be purely subjective and is therefore not medically necessary.