

Case Number:	CM15-0143752		
Date Assigned:	08/04/2015	Date of Injury:	01/07/2005
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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, Pain Management

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 48 year old female, who sustained an industrial injury on 1-7-2005. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar sprain, lumbar-lumbosacral disc degeneration and lumbar disc displacement. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-25-2015, the injured worker complains of low back pain rated 5 out of 10. Physical examination showed lumbar tenderness and spasm with decreased range of motion. The treating physician is requesting an orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 Pain Chapter, Mattress selection.

Decision rationale: Regarding the request for orthopedic mattress, California MTUS does not contain criteria for the purchase of bedding. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for pain. Therefore, the currently requested orthopedic mattress is not medically necessary.