

Case Number:	CM15-0143783		
Date Assigned:	08/04/2015	Date of Injury:	09/14/1993
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
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: Texas, New York, 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:

The applicant is a represented 76-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 14, 1993. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for a queen-sized mattress. The claims administrator referenced an RFA form received on "June 25, 2013" in its determination. The full text of the UR decision was not, it is incidentally noted, attached to the application. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that the most recent note on file was dated October 2, 2014. On said October 2, 2014, the applicant reported ongoing complaints of low back and neck pain, exacerbated by walking. The applicant was given a refill of Tramadol. The applicant had previously been given orthopedic pillows. Drug testing was endorsed. There was no mention of the need for the mattress in question. On a July 3, 2014 progress note, the applicant was placed off-of work, on total temporary disability, owing to ongoing complaints of low back pain, 3-8/10. Orthopedic pillows and Tramadol were endorsed. There was no mention of the mattress at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mattress - Queen size: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Chronic Pain, pg. 861-8622.

Decision rationale: No, the request for a mattress was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products such as the mattress at issue are not "recommended" in the treatment of chronic pain syndrome. Here, the attending provider failed to furnish a compelling rationale so as to support proviso of the request in the face of the unfavorable ACOEM position on the same. While it is acknowledged that the "June 25, 2013" RFA form referenced by the claims administrator in his UR report was not seemingly incorporated into the IMR packet, the historical information on file and unfavorable ACOEM position on the article at issue failed to make a compelling case for the request in question. Therefore, the request was not medically necessary.