

Case Number:	CM15-0166291		
Date Assigned:	09/04/2015	Date of Injury:	09/30/2011
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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, California
 Certification(s)/Specialty: Family Practice

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 44 year old male patient who sustained an industrial injury on 9-30-2011. He sustained the injury due to involved in motor vehicle accident. The diagnoses include status post work related motor vehicle accident, C7, T1 subluxation with perched facets, status post laminectomy, reduction and decompression of spinal cord C7, T1 with instrumentation and fusion C4-T2. Per the doctor's note dated 9/8/15, he had autonomic dysreflexia, neuropathic pain in buttock and sacrum, neurogenic bladder and bowel. The physical examination revealed range of motion noted as functional to the bilateral upper and lower extremity, tone- Mod Ashworth 1+ to the bilateral lower extremity, sensation- last intact level T2 bilaterally, motor-T1 4/5 bilaterally. The medications list includes Rocephin, Zocor, Ativan, Baclofen, Ambien, Flexeril, Lactulose, vitamin C, vitamin D3, Tylenol, Bisacodyl, Miralax, Colace, Neurontin, Clonidine, Ditropan, Amitiza, Protonix and Norco. He has undergone laminectomy, reduction and decompression of spinal cord C7, T1 with instrumentation and fusion C4-T2. Treatment has included medical imaging, physical therapy, and surgery. The treatment plan included aquatic therapy, CPAP, Baclofen pump, and follow up. The treatment request included a sleep number mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number mattress, purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Blue Cross/Blue Shield, Medicare.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Mattress selection.

Decision rationale: Sleep number mattress, purchase. CA MTUS and ACOEM do not address this request. Per the ODG guidelines "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. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." Per the records provided patient has history of significant injury with paraparesis. He has undergone laminectomy, reduction and decompression of spinal cord C7, T1 with instrumentation and fusion C4-T2. He had autonomic dysreflexia, neuropathic pain in buttock and sacrum, neurogenic bladder and bowel. A mattress is recommended in such a patient with a significant spinal cord injury, to prevent pressure ulcers. The request of Sleep number mattress, purchase is medically appropriate and necessary for this patient.