

Case Number:	CM15-0166548		
Date Assigned:	09/04/2015	Date of Injury:	04/01/2009
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on August 25, 2003, incurring neck injuries. He was diagnosed with cervical disc degeneration, cervical facet arthropathy, and cervical radiculopathy. Treatment included neuropathic medications, muscle relaxants, anti-inflammatory drugs, pain medications and sleep aides, cervical epidural steroid injection, physical therapy and home exercise program, and surgical cervical spinal fusion. Currently, the injured worker complained of ongoing neck pain radiating into the right arm with numbness and tingling and limited daily activity on 6/8/15. He noted the pain was aggravated by activity and walking. The injured worker complained of persistent low back pain radiating into the bilateral lower extremities. He rated his pain 10 out of 10 without medications. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion, decreased strength and sensation in upper extremity. The treatment plan that was requested for authorization included ortho tempurpedic mattress. The medication list include Gabapentin, Cyclobenzaprine, Norco, Ibuprofen, Tramadol, Celebrex and Norflex. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history include cervical fusion. The patient has had CT scan of the cervical spine on 10/24/12 that revealed disc protrusions, foraminal narrowing, and post surgical changes; MRI of the right and left shoulder on 12/2/13 that revealed tendinitis; EMG of upper extremity on 11/21/13 that revealed bilateral CTS. Patient had received cervical ESI on 5/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho tempurpedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 (updated 09/22/15) Mattress selection.

Decision rationale: Request: Ortho tempurpedic mattress. As per cited guideline "Not recommended to use firmness as sole criteria. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. 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. Evidence of the pressure ulcers or significant spinal cord injury causing paralysis, was not specified in the records provided. Patient has received an unspecified number of the P visits for this injury, Response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Ortho tempurpedic mattress is not fully established in this patient.