

Case Number:	CM15-0184502		
Date Assigned:	09/25/2015	Date of Injury:	04/05/2007
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/19/2015

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: North Carolina

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 36 year old male, who sustained an industrial injury on 4-5-07. The injured worker was diagnosed as having lumbar disc herniation with radiculopathy; lumbar facet syndrome; reactionary depression-anxiety; medication induced gastritis. Treatment to date has included status post lumbar decompression L4-L5-L5-S1 (3-27-09); status post rhizotomy (1-15-15); physical therapy; Lumbar epidural steroid injection (7-30-15); medications. Diagnostics studies included EMG-NCV study lower extremities (3-25-15). Currently, the PR-2 notes dated 8-13-15 indicated the injured worker recently underwent a lumbar epidural injection on 7-30-15. The provider documents "reporting significant pain relief of up to 60% to his lower back as well as radicular symptoms in his lower extremities with the effects ongoing. He has been able to sit and stand for longer periods of time and has noted decreased flare-ups of his low back pain. As noted on his previous reports, the patient required frequent visit to the emergency room due to recurrent exacerbations of his low back pain. He was last evaluated [medical center name] on 6-10-15. The patient is very optimistic following his recent lumbar epidural steroid injection that he started home exercise program. He has also been able to walk on a regular basis with less pain. He reports his VAS score as 5 out of 10 in intensity. Prior to his lumbar epidural injection, his VAS score was 8 out of 10." The injured worker has not returned to work for at least three years but is interested in going back. There are work restrictions set by an Orthopedic AME. The injured worker is requesting a modification for the work restrictions so he can try to go back to work. The notes indicate the injured worker is on Norco, and has been on OxyContin, MS Contin and Dilaudid, but has been able to wean himself off the medications and relies now on Norco. He

also receives Ultracet, Neurontin, Anaprox, Prilosec, Percocet, LidoPro and Doral. The provider notes the injured worker was recently seen by and orthopedic surgeon who "strongly" recommended lumbar fusion, but the injured worker was not ready to proceed. An EMG-NCV of the lower extremities dated 3-25-15 impression reveals "This NCV study of both lower limbs demonstrates normal velocity and amplitudes for the bilateral peroneal and posterior tibial nerves with normal F waves, sural sensory latencies and symmetrical H reflexes. There is no evidence for peroneal entrapment or peripheral neuropathy. The EMG reveals mild active denervation in the left L5 innervated muscles. There is no evidence for myopathy. The above electrodiagnostic study reveals evidence of mild acute L5 radiculopathy on the left." The provider is requesting an orthopedic mattress since the injured worker reports sleeping poorly and requiring sleep aids, including Ambien. He reports "unable to sleep due to his ongoing pain with significant myospasms across his mid and lower back. The orthopedic mattress will provide support and comfort as well as help alleviate pain." A Request for Authorization is dated 9-19-15. A Utilization Review letter is dated 8-24-15 and non-certification was for an Orthopedic Mattress. Utilization Review denied the requested DME referencing the CA MTUS ACOEM Guidelines 2004 OMPG, Low back chapter 12, page 301. A request for authorization has been received for 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 Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. The ODG and ACOEM also do not support the use of a mattress in the treatment of back pain. Therefore the request is not medically necessary.