MAXIMUS Federal Services

Case Number:	CM15-0184533		
Date Assigned:	09/25/2015	Date of Injury:	01/31/1995
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, 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 54 year old female, who sustained an industrial injury on 01-31-1995. The injured worker is currently permanently disabled. Medical records indicated that the injured worker is undergoing treatment for status post work related motor vehicle accident with multiple trauma and multiple surgical interventions including maxillofacial surgery and revision amputation to right upper extremity, foraminal stenosis at C5-6 and C6-7 with left upper extremity radiculopathy, chronic low back pain, rotational deformity at L3-4 with disc collapse at L4-5, degenerative scoliosis, traumatic brain injury, and chronic right hip pain. Treatment and diagnostics to date has included lumbar and thoracic spine MRI's, physical therapy, and medications. Current medications include Paroxetine, Estradiol patch, Flector patch, and Ibuprofen. After review of progress notes dated 03-18-2015 and 05-28-2015, the injured worker reported pain in her head, right side of neck, right hand, and right side of low back rated 5-6 out of 10 on the pain scale, which is "reduced to a more tolerable level with use of her medications." Objective findings included normal gait pattern without use of assistive device, tenderness and guarding in the lumbar paraspinal musculature, and decreased lumbar spine range of motion due to pain. The request for authorization dated 05-28-2015 requested 8 visits of physical therapy, beige dress shoes with custom molded inserts, replace industrially provided Tempur Pedic queen size bed, and pool maintenance for industrially provided pool. The Utilization Review with a decision date of 08-21-2015 non-certified the request for replacement Tempur Pedic queen sized bed for the cervical spine, left upper extremity, and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Tempur Pedic queen sized bed for the cervical spine, left upper extremity and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Mattress selection.

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 chapter and pg 64.

Decision rationale: According to the guidelines, mattress selection is not proven to provide significant benefit. In this case, the claimant has undergone traction, therapy and medications, which provide more benefit than mattress choice. Although, the Tempur Pedic may provide comfort, it is not considered a medical necessity.