

Case Number:	CM15-0191938		
Date Assigned:	10/06/2015	Date of Injury:	09/24/2010
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 9-24-10. The injured worker was diagnosed as having lumbar strain; lumbar degenerative disc disease; insomnia; adjustment disorder with mixed anxiety and depression features; sexual dysfunction; piriformis syndrome; right hip sprain; gastritis. Treatment to date has included physical therapy; bilateral transforaminal epidural steroid injection L4 and L5 and Epidurogram (8-22-12); medications. Diagnostics studies included MRI right hip (1-2-13); MRI lumbar spine (1-2-13). Currently, the PR-2 notes dated 8-24-15 indicated the injured worker complains, "that recently since the pain has been so intense it has been very difficult for him to sleep. The patient states that at nighttime he is constantly tossing and turning trying to find a comfortable position but not been able to." The provider continues documentation of physical examination Upon visual inspection of the lumbosacral spine, with feet firmly held side by side the patient has listing of his spine to his left side. No surgical or burns are visible. The patient is not walking with any assistive device, Heel and toe ambulation could not be conducted because of pain. Exquisite tenderness noted throughout the lumbar paravertebrals which is worse at L4-L5 and L5-S1. Patient is restricted to range of motion in mid patella after that painful. Extension is somewhat restricted and painful. Straight leg raise is approximately 60 degrees on the left with contralateral pain felt in the right hip. There is positive straight leg on the right at about 45 degrees. There is decreased sensation to light touch in the right lateral calf, lateral thigh and lateral right foot. The provider is requesting a urine toxicology screening, medication refills, and a Tempur-Pedic bed. The injured worker was last seen in this office on 4-27-15. The PR-2 notes for that date of

service as similar on physical examination. A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-2-15 and non-certification Tempur-Pedic bed. A request for authorization has been received for Tempur-Pedic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-Pedic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 07/10/15), Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Mattress selection.

Decision rationale: The patient presents with pain affecting the low back with radiation down the bilateral legs. The current request is for Tempur-Pedic bed. The treating physician report dated 8/24/15 (138B) states, "Patient is waiting authorization for Tempur-Pedic bed and I am requesting one more time." ACOEM and MTUS do not discuss mattresses. ODG, Low Back Chapter, Mattress selection, states, "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." ODG further states under durable medical equipment that it must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. In this case, guidelines do not support specialized mattresses for low back pain or one type of a mattress over another. ODG does state mattresses may help treat pressure ulcers; however, there is no evidence from the reports provided of this condition for this patient. Furthermore, ODG definitions for DME state it must primarily be used for a medical purpose and not generally useful in the absence of an illness, and a mattress is routinely used for non-medical purposes and in the absence of illness. The current request is not medically necessary.