

Case Number:	CM15-0200231		
Date Assigned:	10/15/2015	Date of Injury:	09/01/2009
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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

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 61year-old male who sustained an industrial injury on 9-11-2009 and has been treated for lumbar degenerative disc and low back pain, and is diagnosed with somatic dysfunction of the musculoskeletal system. On 8-17-2015 the injured worker reported low back pain noted to be worse on the right and radiating to the right thigh. The injured worker characterized his pain as constant stiffness with back muscle spasms and "radicular" right leg pain. Examination noted that he was positive for chronic back and right limb pain, as well as paresthesia in the right lower extremity. Pain was noted to become worse when lying down, and he has difficulty with working and dressing. Documented treatment includes at least 12 weeks of physical therapy, and medication. The treating physician's plan of care includes purchase of a sleep number bed mattress and foundation as an outpatient which was denied on 10-1-2015. Current work status is permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number bed mattress and foundation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

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/ Mattress.

Decision rationale: According to ODG, 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. (McInnes, 2011). The medical records do not establish any significant objective examination findings that would support the request for a specialized bed and mattress. Specialty bed and mattress is not supported for lumbar degenerative disc and low back pain. The request for Sleep number bed mattress and foundation is not medically necessary and appropriate.