

Case Number:	CM15-0020790		
Date Assigned:	02/10/2015	Date of Injury:	03/11/2011
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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:

This 46 year old male sustained an industrial injury on 3/11/11, with subsequent ongoing neck, back, lower extremity, shoulder and hip pain. Treatment included medications, acupuncture, ice packs, transcutaneous electrical nerve stimulator unit, psychological care and massage. In a visit note dated 12/3/14, the injured worker complained of neck pain 6/10 on the visual analog scale. The injured worker stated that the pain had gotten so bad that he could not sleep at night. He reported waking 2-3 times per night with extreme pain associated with numbness and tingling radiating into bilateral upper extremities. Physical exam was remarkable for tenderness to palpation to the cervical spine with diminished, painful range of motion, positive Spurling's bilaterally with increased tingling and decreased sensation into the C7 dermatome and tenderness to palpation to the trapezius muscles bilaterally with palpable tight muscle bands. Current diagnoses included lumbar disc displacement without myelopathy, lower leg pain in joint, neck pain, shoulder pain and long-term medication use. Work status was permanent and stationary. On 1/23/15, Utilization Review noncertified a request for 1 Orthopedic mattress noting lack of documentation insufficient evidence that a particular mattress is more efficacious than another with regard to decreasing symptoms and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic mattress: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Internet, 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 Low Back Chapter, Mattress selection Low back chapter, DME.

Decision rationale: Per the 01/07/15 report the patient presents with continuing neck pain with numbness in the bilateral arms along with lower back, foot, shoulder and knee complaints. The current request is for 1 ORTHOPEDIC MATTRESS per the 01/15/14 RFA and 01/07/15 report. Recent reports do not state if the patient is currently working. 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. On 01/07/15 the treater states regarding this request that the patient's neck and back pain worsens during the night resulting in significant pain when he tries to get up in the morning. The report further states: He feels that his current mattress does not provide adequate support for the back which is contributing to his increased pain and discomfort. The treater states that the mattress is requested to reduce the tightness in the patient's back and help the patient's pain. 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 request IS NOT medically necessary.