

Case Number:	CM15-0023664		
Date Assigned:	02/17/2015	Date of Injury:	01/08/2014
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 39 year old male, who sustained an industrial injury on January 8, 2014. The diagnoses have included low back pain, sacroiliac sprain and displacement of the intervertebral disc without myelopathy. Treatment to date has included physical therapy, aquatic therapy, sacroiliac joint injection and medication. An x-ray of the lumbar and thoracic spine revealed minimal to mild L1-4 disc bulges, L3-4 short pedicles with mild canal inferior bilateral foraminal narrowing, small central disc protrusion with mild facet arthropathy with mild canal narrowing and bilateral foraminal narrowing. At L5-S1 there was mild facet arthropathy and dorsal disc bulge without stenosis. Currently, the injured worker complains of ongoing low back pain, mid back pain and cervical spine pain. On examination the injured worker had tenderness over the right and left sacroiliac joints and deep tendon reflexes were positive in the bilateral knees and ankle jerks. The injured worker had thoracic spine paraspinous spasms. On January 26, 2015 Utilization Review non-certified a request for purchase of a King-size [REDACTED] mattress, noting that the guidelines indicating that there were no studies to support purchase of a type of specialized mattress or bedding as treatment for low back pain. The Official Disability Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of a purchase of a King-size [REDACTED] mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

King sized [REDACTED] mattress (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 1/14/15)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Mattress selection, Durable Medical Equipment Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a mattress. ODG 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. When noting that the record does not provide any evidence of a spinal cord injury or pressure ulcers from such, there would be no clinical indication to support the purchase of an orthopedic mattress out of medical necessity. ODG does state regarding durable medical equipment (DME), recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. A mattress meets two of the four DME criteria: durability and appropriate for home use. However, the treating physician does not outline the necessarily requirement for medical reason. Additionally, a mattress would be considered useful to someone who isn't sick or injured. The classification of Hospital Beds for in home use with a medical reason may meet Medicare DME classification. However, this mattress is not a hospital bed and would not be classified as durable medical equipment and are not recommended per ODG. As such, the request for King Size [REDACTED] Mattress (purchase) is not medically necessary.