MAXIMUS Federal Services

Case Number:	CM15-0036299		
Date Assigned:	03/04/2015	Date of Injury:	02/15/2014
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old female, who sustained an industrial injury on 02/15/2014. She has reported neck pain. The diagnoses have included cervicalgia; cervical spondylosis without myelopathy; and degeneration of cervical intervertebral disc. Treatment to date has included medication, acupuncture, and chiropractic treatments. Medications have included Aleve. A progress note from the treating physician, dated 01/22/2015, documented a follow-up visit with the injured worker. The injured worker reported continued neck pain. Objective findings included cervical tenderness to palpation of the paracervical muscles, the trapezius, the levator scalpulae, and the rhomboid; and crepitus and pain elicited with active range of motion. The Spurling's sign was negative. The cervical and thoracic spine was noted to have normal alignment. Request is being made for Home Link Tempur Pedic Mattress. The IW was noted to have slept better following a trial of the Mattress. The physician recommended continued participation in Yoga and Pilate exercises. On 01/26/2015 Utilization Review non certified a prescription for Home Link Tempur Pedic Mattress. The Official Disability Guidelines were cited. On 02/24/2015, the injured worker submitted an application for IMR for review of a prescription for Home Link Tempur Pedic Mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Link Tempur Pedic Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Mattress selection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.Low and Upper Back. Mattress.

Decision rationale: The CA MTUS and ACOEM did not address the use of special mattress in the treatment of chronic musculoskeletal pain. The ODG guidelines did not support the medical use of special mattresses in the treatment of chronic pain in the absence of physical disabilities that can significantly cause exacerbation of pain and insomnia. The records did not show subjective and objective findings consistent with severe range of motion limitation of cervical, thoracic or lumbar spine. There was documentation of normal spinal vertebrae alignments on physical examination. There was no documentation of comprehensive sleep studies that showed that the current mattress was the main contributing factor for the chronic neck pain and insomnia. The criteria for Home Link Tempur Pedic Mattress was not met.