MAXIMUS Federal Services

Case Number:	CM15-0038039		
Date Assigned:	03/06/2015	Date of Injury:	10/02/2012
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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, 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:

This is a 58 year old female patient with an industrial injury dated 10/02/2012. She was employed at a store as head cashier. He/She sustained the injury when she went to pick up a 5 gallon drum of paint, she experienced back pain radiating into the right lower extremity. Diagnoses include lumbar disc displacement without myelopathy, joint pain of pelvis and thigh. Per the doctor's note dated 02/25/2015, she had complaints of chronic low back pain with radiation to the right lower extremity with tingling and numbness; right hip pain. Per the doctor’s note dated 01/27/2015, she had complaints of low back pain with numbness in the right leg down to the ankle and foot. Physical examination revealed spasm and guarding of the lumbar spine, antalgic gait, restricted range of motion, decreased sensation in right L5 dermatome and positive straight leg raising on the right side. The current medications list includes relafen, pantoprazole, hydrocodone APAP and HCTZ. She has had multiple diagnostic studies including MRI of lumbar spine dated 11/28/2012 which revealed annular tear at L4-5, lumbar discography on 4/29/2014 which revealed posterior disc disruption at L4-5 with extravasation of dye in to the anterior epidural space, x-rays and EMG/NCS dated 1/8/2013 which revealed right L5 radiculopathy. She has had lumbar epidural injections, physical therapy, TENS and facet injections. Patient has recently had closed lumbar MRI in 2/2015. On 02/02/2015 the request for lumbar spine MRI was non-certified by utilization review citing ODG. The request for reimbursement for memory foam mattress was also non-certified by utilization review citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Minnesota Rules, Parameters for Medical Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 03/24/15) MRIs (magnetic resonance imaging).

Decision rationale: Request: MRI of Lumbar Spine. Per ODG low back guidelines: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Patient has already had lumbar spine MRI dated 11/28/2012 which revealed annular tear at L4-5, lumbar discography on 4/29/2014 which revealed posterior disc disruption at L4-5 with extravasation of dye in to the anterior epidural space, and EMG/NCS dated 1/8/2013 which revealed right L5 radiculopathy. Significant change in signs or symptoms since these diagnostic studies that would require lumbar MRI is not specified in the records provided. Response to recent conservative therapy including physical therapy is not specified in the records provided. The medical necessity of MRI of Lumbar Spine is not established for this patient.

Reimbursement for Memory Foam 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 Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 03/24/15) Mattress selection.

Decision rationale: Request: Reimbursement for Memory Foam Mattress. CA MTUS and ACOEM do not address this request. Per the ODG guidelines "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." Therefore there is no high grade scientific evidence to support the use of a special mattress/bed for low back pain. Evidence of pressure ulcers or significant spinal cord injury is not specified in the records provided. The medical necessity of reimbursement for Memory Foam Mattress is not fully established for this patient.