

Case Number:	CM15-0048431		
Date Assigned:	03/20/2015	Date of Injury:	02/26/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old who has filed a claim for chronic low back, mid back, and neck pain reportedly associated with an industrial injury of February 26, 2014. In a Utilization Review Report dated March 5, 2015, the claims administrator failed to approve a request for an orthopedic mattress. A home traction unit, however, was apparently approved. The claims administrator referenced a February 24, 2015 office visit in its determination. Non-MTUS ODG Guidelines on traction were invoked, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a handwritten note dated September 20, 2014, it was suggested that the applicant was working, despite multifocal complaints of neck, shoulder, elbow, mid back, and low back pain. Large portions of the progress note were difficult to follow, handwritten, and not altogether legible. On December 11, 2014, the applicant again reported ongoing complaints of neck, mid back, and low back pain. A rather proscriptive 3-pound lifting limitation was endorsed, which the attending provider suggested that the applicant's employer was able to accommodate. Mechanical traction device was apparently proposed. An orthopedic mattress was endorsed via an RFA form dated February 18, 2015. An associated progress note of the same date did suggest that the applicant was working and using tramadol for pain relief. The attending provider stated that mattress could theoretically ameliorate the applicant's sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic 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 - Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Specific Treatment Interventions > Activity Modification and Exercise Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes Specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for an orthopedic mattress was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products are not recommended for treatment of any chronic pain syndrome. Here, the attending provider's handwritten February 18, 2015 progress note did not furnish a clear, compelling, or cogent applicant-specific rationale, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.