

Case Number:	CM15-0048978		
Date Assigned:	03/20/2015	Date of Injury:	02/19/1999
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, 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 70 year old female sustained an industrial injury after falling and hitting her head on 2/1/99. The injured worker was diagnosed with fibromyalgia. The injured worker subsequently developed migraines and headaches. In a Neurology consultation dated 12/31/14, the injured worker reported having three falls within the last two months. The injured worker reported that she needed her 13 year old Tempur-pedic adjustable bed with massager replaced. The current bed tilted to one side and the bed raiser and massage motor did not function anymore, resulting in interrupted sleep. Physical exam was remarkable for intact neurologic and sensory exam. The injured worker was awake, alert and oriented times three with normal cognition and affect. Current diagnoses included chronic migraines, fibromyalgia, post -concussion syndrome and anxiety. The treatment plan included continuing medications (Topamax, Imitrex and Keppra) and replacement Tempur-pedic adjustable bed with massager.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMPUR PEDIC ADJUSTABLE BED WITH MASSAGER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disabilities Guidelines - Treatment Index, 18th Edition (Web) 2013 Low Back Mattress Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - back pain chapter and pg 64.

Decision rationale: According to the guidelines, mattress selection is not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a bodycontourfoam mattress (Tempur) generally influenced back symptoms, function and sleep more positively than a hard mattress, but the differences were small. In addition, there is lack of evidence to support the use of advanced mattresses for fibromyalgia or chronic migraines. Based on the above guidelines, the request for a Tempur-pedic adjustable bed with massager for the claimants headaches and fibromyalgia is not medically necessary.