

Case Number:	CM15-0056077		
Date Assigned:	04/01/2015	Date of Injury:	07/05/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/24/2015

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 31-year-old male sustained an industrial injury on 7/5/11. He subsequently reported left side back strain. Diagnoses include lumbago, sciatica, cervical spondylosis and thoracic degenerative disc disease. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, injections, a back brace, physical therapy and prescription pain medications. The injured worker continues to experience back pain. A request for Purchase of an orthopedic mattress, box spring and frame was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an orthopedic mattress, box spring and frame: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 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. It is not recommended to use firmness as sole criteria. In this case, there is a request for an orthopedic mattress for the claimant's chronic back pain. The guidelines do not recommend the need for a specified mattress and therefore it is not medically necessary.