

Case Number:	CM15-0088910		
Date Assigned:	05/13/2015	Date of Injury:	08/17/2012
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male, who sustained an industrial injury on August 17, 2012. He reported a collision in the warehouse where the motor of a forklift struck his lower back, throwing him forward. The injured worker was diagnosed as having L3-L5 stenosis. Treatment to date has included bracing, x-rays, psych treatments, and medication. Currently, the injured worker complains of low back pain and bilateral lower extremity pain. The Primary Treating Physician's report dated April 17, 2015, noted the injured worker's current medications were Norco and Flexeril. The injured worker was noted to continue to see psych, with no changes to his symptoms since the previous visit. Physical examination was noted to show bilateral paralumbar tenderness to palpation, with painful and limited lumbar range of motion (ROM), and positive bilateral straight leg raise. The treatment plan was noted to include completing psych treatment, follow up with cardiac physician, continued home exercise program (HEP), and request for authorization for a cloud elite mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cloud Elite Mattress Tempur Premier Base: 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 Chapter, Mattress Selection Section.

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, Ortho Mattress, pages 459-460.

Decision rationale: MTUS/ACOEM Guidelines do not address orthopedic mattress; however, ODG does not recommend specialized mattresses for spinal injuries especially for a diagnosis of chronic lumbar stenosis with unchanged chronic pain symptoms and clinical exam with intact neurological findings. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The Cloud Elite Mattress Tempur Premier Base is not medically necessary and appropriate.