

Case Number:	CM14-0121824		
Date Assigned:	09/12/2014	Date of Injury:	12/09/1994
Decision Date:	10/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 51 year-old female was reportedly injured on 12/9/1994. The most recent progress notes dated 5/8/2014 and 8/21/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated antalgic gait with a 4 wheeled walker with hand breaks & seat; taunt bands and pain on palpation at maximal point of tenderness with twitch response at bilateral trapezius and left paraspinal muscles at T1-T2. No recent diagnostic imaging studies available for review. Previous treatment includes trigger point injections, aqua therapy, home exercise and medications. A request had been made for 1 Purchase [REDACTED], Hard/Firm, which was not certified in the utilization review on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase [REDACTED], hard/firm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, <https://acoempracguides.org/Low Back: Table 2, Summary of recommendations Low Back Disorders, and ACOEM - https://acoempracguides.org/Cervical and Thoracic Spine, Summary of Recommendations, Cervical and Thoracic Spine Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Mattress Selection (updated 08/22/14)

Decision rationale: MTUS and ACOEM practice guidelines do not recommend for or against the use of mattresses for treatment of low back pain. The Official Disability Guidelines does not support mattress selection based on firmness, as it is subjective and depends on personal preference and individual factors. There are no high-quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. As such, this request is not considered medically necessary.