

Case Number:	CM14-0123219		
Date Assigned:	08/08/2014	Date of Injury:	01/19/2004
Decision Date:	10/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 43-year-old male, who has submitted a claim for acute on chronic exacerbation of chronic low back pain; radiculitis, left lower extremity; chest pain; chronic bilateral knee pain; left knee pain s/p arthroscopy; right knee pain s/p arthroscopy; partial meniscectomy and cognitive issues associated with an industrial injury date of January 18, 2004. Medical records from 2014 were reviewed, which showed that the patient complained of moderate to severe low back pain with radicular pain to the left lower extremity, alleviated by rest. Patient also complained of memory loss secondary to chronic pain. Physical examination revealed tenderness and spasm in the paralumbar musculature. DTR's were +2 on the right knee, left knee, left ankle and right ankle. ROM of the lumbar spine was as follows: 30 degrees on forward flexion with pain, extension at 10 degrees with pain. Straight leg raise was positive on bilateral lower extremities. Examination of the left knee showed a well-healed scar and positive quadriceps atrophy. Examination of the right knee showed a well-healed scar and positive medial joint tenderness. Treatment to date has included medications and s/p right and left knee arthroscopy. Utilization review from July 10, 2014 denied the request for Ortho Mattress/Bed for the left lower extremity and low back because there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Mattress/Bed for the left lower extremity and low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back Chapter- Lumbar & Thoracic, Knee & Leg Chapter

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 Chapter, Mattress Selection

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states that mattress selection is not recommended. 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. In this case, the patient was prescribed with an orthopedic mattress to address his low back and left lower extremity pain. However, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In addition, mattress selection is subjective and depends on personal preference and individual factors. Therefore, the request for Orthopedic Mattress/Bed for the left lower extremity and low back is not medically necessary.