

Case Number:	CM14-0139920		
Date Assigned:	09/08/2014	Date of Injury:	05/13/2011
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Practice and is licensed to practice in California. 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:

58 year old female claimant sustained a work injury on 5/13/11 involving the low back and neck. She was diagnosed with cervical/lumbar radiculopathy. She underwent lumbar radiofrequency neurotomies and cervical discectomy fusion. A progress note on 10/30/12 indicated she cannot sleep due to pain. She did obtain sleep on a [REDACTED] Sweet Sleeper II mattress. The treating physician requested the mattress be supplied to improve sleep. The claimant had persistent difficulty with sleep due to pain. The claimant had used analgesics to control the pain. On 7/25/14, the request for the same mattress was made again.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] SWEET SLEEPER II MATTRESS CALIFORNIA KING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK, LUMBAR & THORACIC (ACUTE AND CHRONIC).

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 Pain and mattress selection.

Decision rationale: According to the ODG 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. Mattress selection is not recommended to use firmness as sole criteria. There is insufficient clinical evidence to support the use of a [REDACTED] Sleep Mattress and is not medically necessary.