

Case Number:	CM14-0145391		
Date Assigned:	09/12/2014	Date of Injury:	04/13/2012
Decision Date:	12/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine 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:

Claimant sustained an industrial low back injury on 04/13/12. 03/31/14 AME supplemental report documented complaints of pain in the neck, mid back, low back, shoulder, and knee. Previous lumbar spine injuries in 1998 and 2000 were noted. He was s/p 2 lumbar surgeries in 2012. Claimant resumed regular work on 06/24/13. Examiner agreed with treating provider's change of claimant to modified duty following a recent flare of symptoms. Neurosurgical evaluation was recommended. The requested mattress was not mentioned. No current clinical documentation was provided with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: ODG states, "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. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)" ODG does not recommend any specific type of mattress including an "orthopedic mattress" for patients with low back pain. A spinal cord injury which would increase risk for pressure sores is not documented in this case, and no rationale is documented which would support the medical necessity of a specific type of mattress. Medical necessity is not established for the requested orthopedic mattress.