

Case Number:	CM14-0147721		
Date Assigned:	09/15/2014	Date of Injury:	05/05/1998
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 62 year old female with date of injury of 05/05/1998. The listed diagnoses per [REDACTED] from 08/06/2014 are: 1. Lumbar spine strain/sprain 2. Bilateral lower extremity radiculopathy 3. Facets arthropathy L2 - S14. Moderate left neuroforaminal stenosis L4 - 5 5. History of right wrist surgery According to this handwritten report, the patient continues to complain of flare up of her lower back pain. She reports difficulty with prolonged sitting and standing. Her pain level is 6 - 7/10. The objective findings showed tenderness in the paraspinal muscles with mild spasm. Straight leg raise is positive radiating to the thighs. The rest of the handwritten report is illegible. The utilization review denied the request on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable Orthopedic Bed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter: Mattress Selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: This patient presents with low back pain. The treating physician is requesting an adjustable orthopedic bed. The MTUS and ACOEM guidelines do not discuss orthopedic mattresses. However, ODG guidelines states that a medium-firm mattress can have better outcomes from non-specific back pain, but that is still under study. As of yet, mattresses as an evidence-based medical treatment have not been accepted. The request is not medically necessary.

Orthopedic Pillow: 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)

Decision rationale: This patient presents with low back pain. The treating physician is requesting an orthopedic pillow. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines on pillows under the neck section recommend its use while sleeping in conjunction with daily exercise. In addition, ODG states, "This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of neck support pillow during sleep; either strategy alone did not give the desired clinical benefit." The 08/06/2014 report notes that the patient is having difficulty with sleep. There are no discussions about neck pain. ODG supports the use of neck support pillows for patients with chronic neck pain, which this patient does not present with. The request is not medically necessary.