

Case Number:	CM14-0161481		
Date Assigned:	10/07/2014	Date of Injury:	05/27/2008
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 injured worker is a 61 year old male who reported injury on 05/27/2008 due to an unspecified mechanism of injury. His diagnoses included lumbar spine strain, lumbar spine disc protrusion and sleep disturbance secondary to pain. His past treatments included surgery to the lumbar spine and medications. 07/26/2012, an MRI to his lumbar spine was obtained. On 08/21/2014, the injured worker complained of pain in the lower back with pain noted at 6-7/10. On physical examination of the lumbar spine, it was noted that the injured worker had a grade 2 tenderness to palpation over the paraspinal muscles and there was also restricted range of motion with a positive straight leg test bilaterally. His medications included Celebrex and Norco as needed for pain. The treatment plan was to receive 8 physical therapy sessions, medications, and a front wheeled walker. A request was received for a Tempur-pedic mattress. The rationale for the request was not provided. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur- pedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for the Low Back - 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) Low back, Mattress Selection.

Decision rationale: The request for Tempur-pedic mattress is not medically necessary. The injured worker had functional deficits with decreased range of motion in the lumbar spine with noted low back pain at his 08/21/2014 examination. The Official Disability Guidelines state mattress selection is subjective and depends on personal preference and individual factors. Additionally, there are no high quality studies to support purchase of any type of specialized mattresses as a treatment for low back pain. Therefore, despite a chronic low back condition, the request is not supported as the guidelines do not support mattress selection as treatment for low back pain. As such, the request is not medically necessary.