

Case Number:	CM14-0095025		
Date Assigned:	09/15/2014	Date of Injury:	11/07/2001
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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:

The claimant injured her low back on 11/07/01 and a Posture-Pedic mattress is under review. She has a history of a back injury with failed back surgery. [REDACTED] recommended a mattress on 05/28/14. She had been authorized for the epidural injection and still had spasms in both legs. She had difficulty sleeping at night with spasm and could not relax. She was diagnosed with degenerative disc disease and stable segments to L4-5 and L5-S1. She was not able to do repetitive bending but returned to regular work. On 06/25/14, she saw [REDACTED] and was status post an epidural steroid injection by pain medicine. A Posture-Pedic mattress was ordered. She was given Norco and a spinal stimulator was mentioned. She reportedly has pain in her back with spasms down both legs and difficulty sleeping. She has decreased range of motion and scattered sensory deficit. She was diagnosed with degenerative disc disease and continued bracing, epidural injection, and Posture-Pedic mattress were recommended. She was to return to regular duty. She had an injection on 06/23/14 and returned to work on 06/26/14 with some restrictions. Her back had improved from the injection. She did not have a limp and her range of motion improved about 50%. Neurologic examination was intact. A spinal cord stimulator was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Posturepedic Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 history and documentation do not objectively support the request for a Posture-Pedic mattress. The MTUS do not address mattress selection for chronic pain and the ODG state regarding mattress selection, "not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on prominent body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) 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)" It is not clear how it has been determined that a Posture-Pedic mattress will help reduce the claimant's pain and spasm and the ODG state the influence of a Tempur mattress was small. The medical necessity of this request for this type of mattress has not been clearly demonstrated.