

Case Number:	CM13-0067273		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2004
Decision Date:	10/26/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 11-30-04. The injured worker was diagnosed as having status post L4-5 and L5-S1 lumbar interbody fusion (1995); right lower extremity radiculopathy; status post interbody fusion at L1-2, L2-3 and L3-4 (10-2006); reactionary depression-anxiety; erectile dysfunction industrial related; medication-induced gastritis; spinal cord stimulator placement (7-17-08); removal of percutaneous placement of spinal cord stimulator (2-8-10); right knee sprain-strain secondary to fall-industrial related. Treatment to date has included physical therapy; lumbar epidural steroid injection bilateral S1 (9-19-13); urine drug screening; medications. Currently, the PR-2 notes dated 9-4-13 indicated the injured worker returned to this office for a follow-up re-evaluation. The provider documents the injured worker continues to have ongoing back pain and radicular symptoms into the lower extremities and is reportedly gotten worse. He reports having difficulty ambulating, weight bearing, especially sleeping. He reports taking extra pain medication and tries to only increase his Norco and not go up on the MS Contin nor on OxyContin as requested. He reports he responded well to a lumbar epidural steroid injection lasting about 3 to 6 months with the last injection documented in 2-7-13 at 60% pain relief. Prior to that date, he had one on 7-5-12. He was just authorized for another and it was completed on 9-19-13. The provider is requesting a new orthopedic mattress due to the injured workers poor sleep which he attributes to his existing mattress. The provider notes they have been requesting the new mattress for the past year but it is continually denied per the MTUS guidelines did not recommend a mattress. A Request for Authorization is dated 12-17-13. A Utilization Review letter is dated 12-5-13 and non-

certification was for a replacement Sealy Posturepedic Orthopedic Mattress for back support to lumbar spine injury. The Utilization Review letter states, "The literature does not support mattress selection as a treatment required to address the injury sustained. Therefore, while noting that the claimant has a significant lumbar fusion there is insufficient clinical data presented to support purchasing a mattress at this time." The provider is requesting authorization of a replacement Sealy Posturepedic Orthopedic Mattress for back support to lumbar spine injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPLACEMENT SEALY POSTUREPEDIC ORTHOPEDIC MATTRESS FOR BACK SUPPORT TO LUMBAR SPINE INJURY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Low Back-Lumbar & Thoracic (Acute & 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 / Mattress Selection.

Decision rationale: ODG states that there are no high-quality studies to support purchase of any type of specialized mattress or bedding for treating low back pain and that mattress selection instead depends upon personal preference. The records do not provide an alternate rationale to support mattress selection as a medical necessity in this case. The request is not medically necessary.