

Case Number:	CM14-0211030		
Date Assigned:	12/23/2014	Date of Injury:	01/15/1998
Decision Date:	02/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year old female with an injury date on 1/15/98. The patient complains of increased lower back pain, with burning sensation in the back and legs which prevent her from sleeping per 12/8/14 report. The patient is waking up 3-4 times a night, and has migraine headaches during the day per 12/8/14 report. The epidural steroid injection at L4-5 done on 6/23/14 helped with pain by 50% in back and 80% relief in legs, with improvement in function and decrease in medication use by approximately 0-2 Norco a day per 10/31/14 report. The patient has bilateral hand pain/weakness, constant headaches, constant neck pain, right > left, and radiating to the shoulder blades per 12/8/14 report. Based on the 12/8/14 progress report provided by the treating physician, the diagnoses are: 1. neck pain referred to right shoulder 2. right shoulder pain 3. s/p ganglionectomy, left wrist (2/10 and 1/25/12) 4. recurrent ganglion cyst, left wrist 5. s/s left wrist 6. right wrist de Quervain tenosynovitis 7. s/p anterior fusion L4-5 with instrumentation, 1/26/10 8. 2-3mm disc bulge L5-S1 with annular fissure, bilateral facet hypertrophy, mild-moderate central canal narrowing per MRI 4/23/14 9. s/p diagnostic arthroscopy, left knee, 4/22/99 10. chondromalacia of the patella with no evidence of internal derangement, per MRI 5/1/14 11. right knee pain 12. bilateral ankle s/s, unspecified 13. history of left ankle surgery, unrelated to current injury A physical exam on 12/8/14 showed "C-spine range of motion is full. Shoulder range of motion is limited, L-spine range of motion is limited, with straight leg raise positive bilaterally." The patient's treatment history includes medications, physical therapy, epidural steroid injection, psychological evaluation for spinal cord stimulator. The treating physician is requesting orthopedic mattress "to relieve lower back pain and improve

night sleep." The utilization review determination being challenged is dated 12/16/14. The requesting physician provided treatment reports from 3/28/14 to 12/8/14.

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 Page(s): 76. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines-Treatment in Workers' Compensation-Low Back

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: This patient presents with left hand/wrist pain. Right hand pain, neck pain, lower back pain, bilateral leg pain. The treater has asked for ORTHOPEDIC MATTRESS on 12/8/14. MTUS and ACOEM do not discuss mattresses and there is lack of evidence that different mattresses do much for chronic pain. A mattress is a furniture piece and not considered as medical equipment. There is no literature support that any one type of mattress is superior to another type or that a soft one is better than a hard one. This is largely an issue of preference by the patient's habits. ODG guidelines do quote one study and indicates that this is under study. ODG guidelines also provide a definition of durable medical equipment stating that it is primarily and customarily used to serve a medical purpose. In this case, the patient has chronic pain in multiple body parts. The treater has requested an orthopedic mattress to relieve lower back pain and improve the patient's sleep. ODG guidelines state that mattresses for lumbar pain is under study, and is largely an issue of patient preference. It also does not meet the definition of a durable medical equipment. The request for Orthopedic Mattress is not medically necessary.