

<b>Case Number:</b>	CM14-0212784		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/20/1995
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 51-year-old woman who sustained a work-related injury on September 20, 1995. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on October 28, 2014, the patient was complaining of ongoing back pain with a pain severity rated up to 9/10. The patient physical examination demonstrated lumbar tenderness and spasticity with reduced range of motion. The provider requested authorization for an MRI of the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic spine MRI for lead placement, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)". Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new thoracic nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Furthermore, spinal cord stimulator leads are placed at an the fluoroscopic guidance and the need for an MRI of the thoracic spine is unclear. Therefore, the request for MRI of the thoracic spine is not medically necessary.

**Adjustable Tempurpedic mattress, QTY: 1: 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), mattress selection, Tempur-Pedic mattress

**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 Procedure Summary.

**Decision rationale:** MTUS guidelines are silent regarding the indications to use memory foam mattress. According to ODG guidelines, mattress selection is not recommended to use firmness as sole criteria. The guidelines reported that there are no high quality studies to support the use of these mattresses for the treatment of low back pain. Pressure ulcers may be treated by specific support surfaces. In this case, there is no clear documentation of recent patient's condition and rational to support his request. The presence of solely back pain is not an indication to use Adjustable Tempurpedic mattress. Therefore, the request for Adjustable Tempurpedic mattress, QTY: 1 is not medically necessary.