MAXIMUS Federal Services

Case Number:	CM14-0215365		
Date Assigned:	01/02/2015	Date of Injury:	04/28/2006
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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, Hawaii
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 patient is a 47 year old female with date of injury 04/28/06. The treating physician report dated 11/10/14 per the UR report dated 12/12/14 (43) indicates that the patient presents with neck pain that radiates down bilateral upper extremities, low back pain that radiates down bilateral lower extremities, pain bilaterally in knees, ongoing daily headaches, and pelvic and stomach pain. The physical examination findings reveal tenderness in cervical spine CS -7, moderately limited cervical spine ROM with pain, moderate decreased strength in bilateral upper extremities, spasm in paraspinous musculature, TTP in paravertebral area Ll-3 levels, L4-S1 levels, ROM of lumbar spine moderately limited secondary to pain, decreased sensitivity to touch along the L4-5 dermatome, SLR in seated position positive on right at 70 degrees, TTP at bilateral wrists, and decreased touch sensation in left upper extremity in left hand. Prior treatment history includes s/p injury 4/28/06, s/p lumbar spine fusion (undated), and s/p left carpal tunnel release (undated). Current medications are Toradol injections. The current work status indicates that the patient is not working. The current diagnoses are: cervical radiculitis, lumbar radiculopathy, s/p fusion, lumbar spine, anxiety, depression, elevated liver enzymes, gastritis, medication related dyspepsia, chronic pain, bilateral carpal tunnel syndrome, and s/p left carpal tunnel release. The utilization review report dated 12/12/14 denied the request for orthopedic bed and mattress based on evidence based guidelines not consistently supporting purchase of any type of specialized mattress or bedding as a treatment for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic bed and 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter: Mattress Selection

Decision rationale: The patient presents with neck pain that radiates down bilateral upper extremities, low back pain that radiates down bilateral lower extremities, pain bilaterally in knees, ongoing daily headaches, and pelvic and stomach pain. The current request is for orthopedic bed and mattress. Based on the records presented for review, the treating physician fails to state justification for an orthopedic bed and mattress. The ODG guidelines state mattress selection is 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 prominating 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). In this case, there are no medical records found to provide any rationale for this request and there is no documentation of the patient being diagnosed with any pressure ulcers that would require a special support surface. The current request is not medically necessary and the recommendation is for denial.