

Case Number:	CM14-0216163		
Date Assigned:	01/06/2015	Date of Injury:	02/18/2004
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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 & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male reportedly sustained a work related injury on February 18, 2004 after being struck in the back by a nine pound paper tube. Diagnosis include chronic pain syndrome, bilateral carpal tunnel release, depression, cervical and lumbar radiculopathy, prostate cancer lumbar, disc displacement, hernia repair and gouty arthritis. Pain management visit dated September 3, 2014 rates cervical and low back pain 6/10 and helped with use of Ultram. There is also complaint of arm pain. He uses a Transcutaneous Electrical Nerve Stimulation (TENS) unit with mild relief. Physical exam is notable for flat affect, lumbar support, wrist brace bilaterally and increased pain with range of motion (ROM). There is mention of magnetic resonance imaging (MRI) and electromyogram/nerve conduction study but no report is noted in the record. Medications are listed as Ultram, Soma, Cymbalta, Buprion, Trazodone, Lyrica, Allopurinol, Colchicine, Diovan, Alendronate, Lansoprazole, Singulair, Advair and Viagra. Primary treating physician report dated October 21, 2014 provides the injured worker continues to have complaints of low back, neck and leg pain. He also indicates he is being treated for anxiety related to chronic pain. Physical exam reveals he uses a walker for ambulation, uses lumbar/sacral support, lower extremity strength is intact and flexion is 40 degrees with extension of 10 degrees. On November 25, 2014 utilization review determined a request dated November 24, 2014 for queen orthopedic mattress set is non-certified. Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Queen Orthopedic Mattress Set: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 Pain Chapter, Mattress selection

Decision rationale: Regarding the request for Queen Orthopedic mattress, California MTUS does not contain criteria for the purchase of bedding. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for pain. Within the documentation available for review, the requesting physician has not included any compelling peer-reviewed scientific literature supporting the use of a Queen Orthopedic mattress for the treatment of the patient's diagnoses. Therefore, in the absence of guideline or peer reviewed literature support for the purchase of any mattress or bedding, the currently requested Queen Orthopedic mattress is not medically necessary.