

Case Number:	CM15-0014877		
Date Assigned:	02/02/2015	Date of Injury:	12/09/1994
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/26/2015

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: Family Practice

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 52 year old female injured worker suffered an industrial injury on 12/09/1994. The diagnoses were sacroiliac spine strain, cervical and lumbar degenerative disc disease and sciatica. The treatments were back surgery 1995 and lumbar fusion 11/13/2014, medications, epidural steroid injections. The treating provider reported reduced range of motion and utilizing a walker for ambulation. The injured worker believes the recent surgery had not reduced her pain. The Utilization Review Determination on 12/24/2014 non-certified mattress replacement for chronic cervical lumbar pain citing ACOEM, OGD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mattress replacement for chronic cervical and lumbar pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Table 2 Summary of Recommendations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326. Decision based on Non-MTUS Citation Low Back

Decision rationale: The MTUS/ACOEM Guidelines comment on treatment modalities for low back complaints. Tables 5 & 8 comment on specific modalities that are recommended. These recommended modalities do not include mattress selection. It should be noted that these MTUS guidelines comment on other modalities that provide lumbar support. The MTUS guidelines states: That devices which provide lumbar support have not been shown to be of lasting benefit. The Official Disability Guidelines specifically comment on mattress selection as a treatment modality for back complaints. These guidelines state the following: It 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 protruding body parts. 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. 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. In summary, there is no evidence from the MTUS/ACOEM Guidelines or the Official Disability Guidelines which support the request for mattress replacement for chronic cervical and lumbar pain. A mattress replacement is not considered as medically necessary.