

Case Number:	CM15-0110929		
Date Assigned:	06/17/2015	Date of Injury:	11/25/2011
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 45 year old male, who sustained an industrial injury on 11/25/11. He reported initial complaints of lower back. The injured worker was diagnosed as having lumbago, degenerative disc disease L5-S1; right leg sciatica. Treatment to date has included physical therapy; epidural steroid injection L4, L5, L5-S1 (3/22/13); Functional Restoration Program (6/2/14-6/6/14). Diagnostics included MRI lumbar spine (12/30/11); EMG/NCV study left lower extremity (3/13/12); EMG lower extremities (7/19/13). Currently, the PR-2 notes dated 5/1/15 indicated the injured worker complains of low back pain, occasional right leg pain, occasional right hip pain with popping but overall improved slightly. The provider documents the injured worker finished [REDACTED] and also undergone an AME on 8/26/14 and wish to adopt and incorporate those findings and recommendations. The injured worker presents on this day as a follow-up and reports overall he is doing very well with the exception at night when he sleeps he has increased low back, hip and sciatic pain. He has concerns over the medical hospital bed that was authorized for him. He describes the mattress as hard with springs and coils poking into his lumbar spine region, hips and gluteus. These issues are causing him to wake up during the night as the pain is unbearable. This is affecting his functionality during the day due to the lack of sleep and rest, as well as, his quality of life. He also reports that his has lost 10-15 pounds in the last few months which might be contributing to the issues. The provider's objective findings are documented as tenderness and spasm in the lumbar spine with straight leg raise and Lasegue's are negative bilaterally. The injured worker has intact sensation in both lower extremities to pinprick and light touch with 5/5/ motor strength in all motor groups bilaterally.

His knee reflexes L4 2+/2+, right ankle reflexes are absent on the left S1 1+. The provider notes the injured worker has done well with recovery and support alternative methods in regards to pain management, functional activities and quality of life. He is requesting a replacement new medical mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

New medical 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), Low Back Chapter, 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 section, Mattress selection.

Decision rationale: Pursuant to the Official Disability Guidelines, new medical mattress is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The guidelines do not recommend to use firmness as a sole criterion. There are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In this case, the injured workers working diagnoses are lumbago; degenerative disc disease L5 - S1; and right leg sciatica. Objectively, there was mild tenderness and spasm overlying the lumbar spine. The injured worker is an authorized medical adjustable bed since December 26, 2013. The provider states there are springs poking the injured worker. Firmness as a sole criterion for mattress selection is not recommended. There are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for 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. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, new medical mattress is not medically necessary.