

Case Number:	CM15-0115857		
Date Assigned:	06/24/2015	Date of Injury:	05/31/2007
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 5/31/07. Initial complaints were of neck, bilateral upper extremities. The injured worker was diagnosed as having lumbar radiculopathy; cervical radiculopathy; headaches; chronic pain other; headaches, unclassified; depression; hypertension; bereavement. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostic studies included MRI lumbar spine (4/28/08); MRI cervical spine (4/28/08). Currently, the PR-2 notes dated 5/11/15 indicated the injured worker complains of neck pain that radiates down the bilateral upper extremities associated with numbness frequently in the bilateral upper extremities to the level of the hands. The pain is aggravated by activity, flexion/extension, and repetitive head movement and walking. Her low back pain radiates down the bilateral lower extremities with the left greater than the right. It is accompanied by numbness frequently in the left lower extremity to the level of the foot and muscle weakness in the bilateral lower extremities. It is aggravated by standing and walking. She complains of frequent muscle spasms in the low back and on the left. The upper extremity pain is in the bilateral shoulders and aggravated by activity and hand function. She has ongoing occipital migraine headaches and insomnia associated with her pain. She reports the pain level as 2-3/10 on average with medications since her last visit and 7/10 without her medications. She reports gastritis related, medication associated, moderate gastrointestinal upset and constipation as moderate. She is a status post transforaminal epidural steroid injection left L4-S1 on 2/6/15. She reported 50-80% overall improvement in her symptoms. The duration of the improvement is continuing at this time. She reports the use of a TENS unit and use of

medications that contributes 50% of her improvement. The provider includes a physical examination documenting cervical spinal vertebral tenderness at C4-C7 with tenderness upon palpation at the left trapezius muscle and bilateral paravertebral C4-C7 area. She has myofascial trigger points with twitch response in the left trapezius muscle and left levator muscle. Her range of motion is slightly to moderately limited with pain increase with flexion/extension and rotation. Sensory examination shows decreased sensation in the bilateral upper extremities and affected dermatome in the C5-6. The lumbar spine reveals spasms in the bilateral paraspinal musculature. Tenderness noted on palpation in the bilateral paravertebral area L3-S1 levels. The range of motion was moderately limited secondary to pain and significantly increased with flexion/extension. Sensory exam shows a decreased strength of the extensor muscles along the L4-S1 dermatome in the left lower extremity. Straight leg raise at 90 degrees sitting position is negative bilaterally. She has tenderness on palpation at the bilateral anterior shoulders. CURES report was obtained on this date and showed no inconsistency compared to the prescribed medications. The provider's treatment plan included an Orthopedic Bed for the bilateral neck/low back area to improve her sleep quality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic bed- bilateral neck/low back area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, mattress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Mattress selection.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines do address this issue and the Guidelines point out that there is no quality evidence to support a particular mattress as a treatment for back pain. Individual needs and tolerances vary widely and a particular mattress is not supported in the Guidelines. If it is felt that a mattress is too firm simple fixes can be trialed such as a foam topper. If wedging is necessary this can be fitted by a physical therapist. The request for an Orthopedic bed- bilateral neck/low back area is not supported by Guidelines and is not medically necessary.