

Case Number:	CM15-0124446		
Date Assigned:	07/15/2015	Date of Injury:	06/26/2007
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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 70 year old male, who sustained an industrial injury on 6/26/07. The diagnoses have included status post sacral fusion with failed back syndrome, lumbar degenerative disc disease (DDD), right lumbar radiculopathy and chronic pain syndrome. Treatment to date has included medications, activity modifications, surgery, aqua pool therapy, orthopedic mattress and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of chronic intractable low back and right leg radicular pain with history of previous sacral fusion and lumbar disc condition. He also reports increasing inflammation, pain and limited range of motion. The physician notes that he has previously had an orthopedic mattress, which has been over ten years and he is requesting a new orthopedic mattress to support his back and maintain his current activities of daily living (ADL). The pain is rated 8-9/10 on Pain scale without medications and 4-5/10 with medications. The current medications included tramadol, Norco, Gabapentin and Soma. The physical exam reveals spasms and guarding over the right spine muscle area and gluteus maximus region. There is limited range of motion of the lumbar spine, there is positive Patrick and Ely test over the right hip area and straight leg raise is positive on the right at 40 degrees in sitting position. He walks with antalgic gait with decreased weight bearing on the right lower extremity and uses a cane for support. There is no previous diagnostics noted and there is no previous therapy sessions noted. Work status is permanent and stationary. The physician requested treatment included a Replacement orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement orthopedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, replacement orthopedic mattress is not medically necessary. The guidelines do not recommend firmness as a sole criterion. Mattress selection is subjective and depends on personal preference and individual factors. There are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. 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 serve 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. In this case, the injured worker's working diagnoses are status post sacral fusion with failed back syndrome; lumbar degenerative disc disease; right lumbar radiculopathy; and chronic pain syndrome. The date of injury is June 2, 2007. Request for authorization is June 1, 2015. Subjectively according to a May 13, 2015 progress note, the injured worker has intractable low back pain that radiates to the right lower extremity. The injured worker had a mattress replaced 10 years prior (according to the document). This predates the date of injury. Mattress selection is subjective and depends on personal preference and individual factors. There are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Additionally, orthopedic mattress does not meet the definition of DME. Consequently, absent guideline recommendations for replacement orthopedic mattress, replacement orthopedic mattress is not medically necessary.