

Case Number:	CM15-0127024		
Date Assigned:	07/13/2015	Date of Injury:	07/10/2001
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 7/10/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having status post cervical surgery, left shoulder surgery, right carpal tunnel release and thoracic and lumbar sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/1/2015, the injured worker complains of chronic neck and upper back pain and difficulty sleeping. Physical examination showed cervical spine spasm, tenderness, decreased range of motion, left wrist tenderness, and decreased range of motion. The treating physician is requesting an orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic 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, Low Back.

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 Chapter, Mattress selection.

Decision rationale: The records indicate the patient continues to be treated for chronic neck pain, which radiates into both shoulders, upper and mid back. He has difficulty sleeping due to pain. He is unable to get comfortable. The current request is for 1 orthopedic mattress. In the attending physician report dated 6/1/15, page 135 (b), the treating physician requests authorization for a new orthopedic mattress. He states, "The goal is to improve sleep and comfort. Current mattress is about 13 years old and causes increase pain level, soreness in the morning." ACOEM and MTUS do not discuss mattresses. ODG, Low Back Chapter, Mattress selection, states, "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. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." ODG further states under durable medical equipment that it must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. In this case, guidelines do not support specialized mattresses for back pain or one type of a mattress over another. ODG does state mattresses may help treat pressure ulcers; however, there is no evidence from the reports provided, that this patient suffers from pressure ulcers. Furthermore, ODG definitions for DME state it must primarily be used for a medical purpose and not generally useful in the absence of an illness. The available medical records ARE NOT medically necessary for the purchase of an orthopedic mattress.