MAXIMUS Federal Services

Case Number:	CM15-0128884		
Date Assigned:	07/15/2015	Date of Injury:	01/07/2005
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, 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 injured worker is a 48-year-old patient who sustained an industrial injury on 01/07/2005. A pain management follow up visit dated 05/19/2015 reported subjective complaint of having chronic intractable back pain with a previous history of lumbar fusion. She stated that her overall condition has been stable with current medication regimen. She is now authorized for a home transcutaneous nerve stimulator unit which had helped her in the past with muscle spasms. She also reports having difficulty with her home bed and is encountering pain flare-ups in the morning after having slept in her bed overnight. She is requesting to purchase a new bed treating her back pain. Current medications are: Norco 5/325mg and she stopped taking Lyrica due to increased urinary frequency. The diagnostic impression found the patient being status post L5-S1 lumbar fusion with persistent lumbago; lumbosacral strain/sprain; lumbar degenerative disc disease; lumbar radiculitis, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posturepedic Mattress x1: 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, Mattress selection.

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 and mattress selection and pg 64.

Decision rationale: According to the guidelines, mattress selection is not recommended due to lack of evidence of superiority. In this case, the claimant had numerous interventions that are superior to control pain and comfort including surgery, Medications and TENSs. The request for a Posturepedic mattress is not medically necessary.