Case Number:	CM15-0172872		
Date Assigned:	09/15/2015	Date of Injury:	10/08/1998
Decision Date:	10/23/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/02/2015

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: Pennsylvania, Ohio, California
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 72 year old female who sustained an injury on 10-8-98. The current medical records from 6-24-15 indicate she continues to have persistent leg pain in the left lower back into the thigh muscle, which has been exacerbated in recent days. The calf muscle on the left side has spasms with her toes cramping and occurs at night when she is sleeping on a worn out mattress. Diagnoses include persistent left sciatica; chronic lumbago; and history of lumbar fusion. She was experiencing some neck pain at this visit. Neurologic exam reveals no dysnomia or dyspraxia; strength is symmetric; able to stand on individual foot on the left side better than the right; steady and no dysmetria. The plan was to have nerve conduction studies to see if she has a particular nerve root that shows active denervation followed by possible minimal invasive procedure to release the nerve. The records indicate this plan was indicated after obtaining a new mattress and a recliner. Current requested treatment: mattress. Utilization review 8-3-15 requested mattress was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back on line version, 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) ODG/Low Back/Mattress Selection.

Decision rationale: ODG states that there are no high-quality studies to support purchase of any type of specialized mattress or bedding for treating low back pain and that mattress selection instead depends upon personal preference. The records do not provide an alternate rationale to support mattress selection as a medical necessity in this case. The request is not medically necessary.