

Case Number:	CM15-0174348		
Date Assigned:	09/16/2015	Date of Injury:	09/17/2013
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 27 year old male who sustained an industrial injury on 9-17-13. A review of the medical records indicate he is undergoing treatment for low back pain, lumbar degenerative disc disease, sacroiliac joint dysfunction, sacroiliac joint pain, chronic pain syndrome, myalgia, and pelvic pain. He is status post right above the knee amputation and wears a prosthetic right leg. Medical records (4-10-15 to 8-8-15) indicate ongoing pain of the low back and pelvis with occasional "pins and needles" and numbness in the right leg. His pain rating has been 5-6 out of 10 without medications and 3-4 out of 10 with medications. His medications include Norco, Gabapentin, Trazadone, and Silenor. He reports that his pain is "tolerable" with Norco (4-10-15). Prior medications have included Dilaudid, Percocet, Oxycodone, and Morphine. He has also used Nortriptyline for headaches. The physical exam (8-18-15) indicates a right above the knee amputation, "mild" tenderness of the sacroiliac joints to palpation bilaterally, "moderate" tenderness to palpation over the paraspinal muscles, positive straight leg raising on the left side, and limited active range of motion due to pain and balance "at all fields". Diagnostic studies include x-rays of bilateral hips, lumbar spine, bilateral femurs, and the sacroiliac joint. He has also undergone a CT of the pelvis and MRI of the lumbar spine. Treatment has included "multiple sessions" of physical therapy, oral medications, psychiatric management, referral for a new prosthetic leg, a podiatry referral to evaluate leg length discrepancy affecting his gait, a surgical consult, and requests for ice packs and a therapeutic mattress. The injured worker reported that his former primary treating provider "gave him" a therapeutic mattress, which allows him to "sleep better". He reported that the mattress was

"wearing out" and requested a new one (5-18-15 to 8-18-15). The utilization review (8-26-15) indicates treatment requests of an ice pack and therapeutic mattress. The treatments were denied, indicating that "cold pack is a recommended option for acute pain. There is minimal evidence supporting the use of cold therapy". The mattress denial was given the rationale as "no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic 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, Online 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) Knee & Leg Chapter, under Durable Medical Equipment Low Back - Lumbar & Thoracic Chapter, under Mattress Selection.

Decision rationale: Based on the 8/18/15 progress report provided by the treating physician, this patient presents with aching, stabbing low back pain and pelvis pain with occasional pins/needles sensation and numbness in right leg, with pain rated 6/10 on VAS scale with medications, and 3/10 with medications. The treater has asked for Therapeutic Mattress on 8/18/15. The request for authorization was not included in provided reports. The patient is s/p above the knee amputation, and is walking with a cane and a limp per 8/13/15 report. The patient also has hip pain per 8/18/15 report. The patient is taking Norco, Gabapentin, Tramadol, and Nortriptyline per 8/18/15 report. The patient has back pain with no significant radiation that is painful with certain movements of prolonged bending or prolonged sitting in one position per 8/13/15 report. The patient's work status is not capable of work at this time per 8/13/15 report. MTUS and ACOEM are silent on orthopedic beds. ODG-TWC, Knee & Leg Chapter, under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under 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. (McInnes, 2011) In 5/8/15 report, treater states the patient was given a mattress to help with his low back pain by his previous PTP. It helps and he is able to sleep better. The one he has is wearing out. He is requesting for a new one. ODG guidelines do not support any type of specialized mattress or bedding as a treatment for low back pain. There is no mention of pressure ulcers that would warrant a special support surface. This request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.

Ice Pack: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter, under Cold Packs Low Back Chapter under Cold/Heat Packs.

Decision rationale: Based on the 8/18/15 progress report provided by the treating physician, this patient presents with aching, stabbing low back pain and pelvic pain with occasional pins/needles sensation and numbness in right leg, with pain rated 6/10 on VAS scale with medications, and 3/10 with medications. The treater has asked for Ice Pack on 8/18/15 to reduce their pain. The request for authorization was not included in provided reports. The patient is s/p above the knee amputation, and is walking with a cane and a limp per 8/13/15 report. The patient also has hip pain per 8/18/15 report. The patient is taking Norco, Gabapentin, Tramadol, and Nortriptyline per 8/18/15 report. The patient has back pain with no significant radiation that is painful with certain movements of prolonged bending or prolonged sitting in one position per 8/13/15 report. The patient's work status is not capable of work at this time per 8/13/15 report. ODG Guidelines, Neck and Upper Back (Acute and Chronic) Chapter, under Cold Packs, states: Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) ODG Guidelines, Low Back Chapter under Cold/Heat Packs recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. The request appears to be retrospective, as the patient received an ice pack to reduce their pain on 8/18/15. However, no RFA was provided and neither were there any specific instructions for the location of ice pack usage. Review of reports does not indicate prior usage of cold packs, nor has the patient had any recent surgical interventions. However, given the patient's continued pain and the guidelines support for the use of cold/heat packs, the request IS medically necessary.