

Case Number:	CM15-0177193		
Date Assigned:	09/17/2015	Date of Injury:	07/15/2009
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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 59 year old female, who sustained an industrial injury on 7-15-2009. The medical records indicate that the injured worker is undergoing treatment for low back pain. According to the progress report dated 8-18-2015, the injured worker complains of persistent bilateral low back pain with proximal radiation of symptoms to the left hip. She rates her current pain 7-8 out of 10 on a subjective pain scale. With medications, her pain is rated 3 out of 10 and 8 out of 10 without. The physical examination of the lumbar spine reveals diminished range of motion, normal gait, stance, and strength, and negative straight leg raise test bilaterally. The current medications are Tramadol, Motrin, and Sombra cream. Treatment to date has included medication management, MRI studies, H-wave unit, and chiropractic. MRI of the lumbar spine (2-23-2012) showed mild multi-level disc bulging and spondylosis. No significant lumbar canal stenosis. Work status is described as not currently working. The original utilization review (8-28-2015) had non-certified a request for MRI of the lumbar spine and orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: 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), Repeat MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with chronic low back pain with proximal radiation of symptoms to the left hip. The current request is for MRI of the lumbar spine. MRI of the lumbar spine on 2/23/12 showed disk desiccation at L3-L4, L4-L5 and L5-S1 and an annular tear at L4-L5 and L5-S1. The treating physician states on 8/18/15 (B10) the patient did have annular tears a couple levels and we need to see if it has gotten worse. On 9/1/15 (B12) the treating physician notes that an updated MRI is required in order for the spine surgeon to make a consult and will not see the patient without one. ACOEM and MTUS guidelines do not address repeat MRI scans. ODG states, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the treating physician has not documented a significant change in symptoms or pathology. The current request is not medically necessary.

Orthopedic mattress, lumbar spine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Mattress selection.

Decision rationale: The patient presents with chronic low back pain with proximal radiation of symptoms to the left hip. The current request is for orthopedic mattress, lumbar spine. The treating physician states on 8/18/15 (B10) the patient has not been able to sleep in her bed because it is way too uncomfortable, and she has old mattress, but she has been sleeping on a sofa. If she can get a new orthopedic mattress that would help her low back pain quite a bit. MTUS does not contain any recommendations for an orthopedic mattress, nor does ACOEM. ODG does provide some discussion and 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. Under Durable Medical Equipment, ODG also 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. In this case, an orthopedic mattress is not primarily used for medical purpose. The current request is not medically necessary.