

Case Number:	CM15-0178832		
Date Assigned:	09/21/2015	Date of Injury:	06/18/2009
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational Medicine

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 52-year-old female, who sustained an industrial injury on 6-18-09. Current diagnoses or physician impression includes cervical disc disorder, cervical radiculopathy, elbow pain, shoulder pain, entrapment neuropathy upper limb and cervical facet syndrome. Her work status is permanent and stationary. A report dated 8-3-15 reveals the injured worker presented with complaints that include constant headache, neck and low back pain. She reports her pain is reduced from 8-9 out of 10 to 3 out of 10 with medication. She also reports nausea, constipation, morning stiffness, muscle spasms, myalgia, numbness and weakness. She reports uses good sleep hygiene, but is unable to fall or stay asleep. A physical examination dated 8-3-15 revealed tenderness at the manubriosternal joint, paracervical muscles, sternoclavicular joint and trapezius, and on the right cervical facet tenderness at C3, C4, C5 and C6. There is bilateral tenderness to palpation over the lateral epicondyle and medial epicondyle. Treatment to date has included medications, which allows her to engage in activities of daily living such as self-care, cooking and cleaning. A note dated 7-6-15 states the injured worker experiences pain relief with her medication, which allows her to engage in basic household chores such as cooking, cleaning, and shopping with increased endurance and tolerance. She is also able to maintain her own self-hygienic care and function socially. Home exercise is ordered. Diagnostic studies to date have included urine toxicology screen (unknown results) and cervical MRIs (2012, 2013, and 2015). A request for authorization dated 8-14-15 for a Sleep number mattress is denied due to guidelines do not recommend the requested service to be medically necessary and the requesting physician did not offer any published literature to refute evidence-

based position on non-recommendations of the mattress, per Utilization Review letter dated 8-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number 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 (ODG-TWC), Low Back - Lumbar & Thoracic (Acute & Chronic).

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 Section.

Decision rationale: The MTUS Guidelines do not address sleep number mattresses. The ODG report that studies do not provide evidence for mattress selection based on firmness as a sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. Pressure ulcers from spinal cord injury may be treated by special support surfaces, including beds, mattresses and cushions, designed to redistribute pressure. The medical necessity of this request as treatment has not been established. The request for sleep number mattress is determined to not be medically necessary.