

Case Number:	CM15-0025640		
Date Assigned:	02/18/2015	Date of Injury:	03/24/1999
Decision Date:	04/02/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/10/2015

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 57 year old female, who sustained an industrial injury on 03/24/1999. On provider visit dated 12/29/2014 the injured worker has reported back pain, muscle spasms and pain radiating to both legs with burning sensation and weakness. On examination she was noted to have palpable rigidity in the lumbar trunk with loss of lordotic curvature and decreased range of motion. The diagnoses have included status post lumbar laminectomy, status post radio frequency ablation and neuropathic burning pain in the legs. Treatment to date has included medication and MRI's. On 01/10/2015 Utilization Review non-certified One (1) mattress. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low Back - Lumbar & Thoracic Chapter, Mattress Selection & Tempur-Pedic mattress.

Decision rationale: This patient presents with chronic insomnia and low back pain. The current request is for ONE (1) MATTRESS. The MTUS and ACOEM guidelines do not discuss adjustable mattress. (ODG) Low Back - Lumbar & Thoracic Chapter, Mattress Selection & Tempur-Pedic mattress references a recent clinical trial that concluded patients with medium-firm mattresses have better outcomes than patients with firm mattresses for pain in bed, pain on rising, and stability. In addition, ODG guidelines states that a medium-firm mattress can have better outcomes from non-specific back pain but that this is still under study. ODG definitively 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." The treating physician states that the patient requires a new mattress, as his current mattress is old, worn out and "saggy." In this case, the treating physician is not recommending a mattress for the treatment of pressure ulcers and ODG does not support the usage of a mattress for the treatment of low back pain. The requested mattress IS NOT medically necessary.