MAXIMUS Federal Services

Case Number:	CM15-0040551		
Date Assigned:	03/10/2015	Date of Injury:	08/10/2004
Decision Date:	04/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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 46-year-old male who reported an injury on 08/10/2004. The mechanism of injury was a slip and fall. The injured worker was noted to have a diagnosis of status post L5-S1 hemilaminectomy/discectomy in 2006 with re-exploration discectomy/fusion at L4-5 in 06/2006. The injured worker was noted to undergo a CT myelogram in 10/2010, which revealed a 5 mm retrolisthesis of L5 on S1. Additional diagnosis included failed back surgery syndrome. The injured worker underwent a polysomnogram. The injured worker was noted to have severe obstructive sleep apnea and hypopnea. The recommendation was for a CPAP machine and weight reduction. The injured worker underwent psychotherapy. The documentation of 02/03/2015 revealed the injured worker had low back pain and discomfort, increased numbness and tingling in the left lower extremity, and difficulty walking and sleeping. The injured worker was noted to have a condition that was worsening. There was tenderness to palpation over the bilateral paravertebral musculature and quadratus lumborum muscles. Sensation to pinprick and light touch over the L4 and L5 dermatomes were decreased. There was grade 4/5 weakness in the bilateral L4 and L5 dermatomes. The treatment plan included a Tempurpedic mattress and medications, including Neurontin 1 by mouth 3 times a day, Axid 1 by mouth twice a day, Cymbalta 60 mg 1 by mouth every day, and Motrin 800 mg 1 by mouth 4 times a day. There was a Request for Authorization submitted for review dated 02/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tempurpedic 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.

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, Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indication that mattress selection is dependent upon the patient preference. However, a mattress would be considered durable medical equipment. As such, it would need to meet the durable medical equipment guidelines. The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the system or device meets Medicare's definition of durable medical equipment, including can withstand repeated use, as in could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose and is generally not useful to a patient in the absence of illness or injury, and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the Tempurpedic mattress was primarily and customarily used to serve a medical purpose and is not useful to the injured worker in the absence of injury or illness. Given the above, the request for 1 Tempurpedic mattress is not medically necessary.