

Case Number:	CM15-0062614		
Date Assigned:	04/08/2015	Date of Injury:	11/30/2004
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on November 30, 2004. Treatment to date has included lumbar epidural steroid injection, medications, imaging of the lumbar spine and self-directed physiotherapy. Currently, the injured worker complains of increased pain in his lower back, which radiates down to both lower extremities. He rates his pain an 8 on a 10-point scale and notes that the pain is aggravated with bending, twisting, and turning. Diagnoses associated with the request include lumbar post-laminectomy syndrome. His treatment plan includes therapeutic fluoroscopically guided transforaminal lumbar epidural steroid injection, medications, and orthopedic mattress to address the ongoing low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic 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), www.odg-twc.com;Section: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 ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. The need for a specialized mattress has not been established in the provided clinical documentation as a medical necessity. Therefore, criteria have not been met per the ODG and the request is not medically necessary.