

Case Number:	CM15-0064389		
Date Assigned:	04/10/2015	Date of Injury:	01/05/2007
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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, Georgia
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 50 year old male, who sustained an industrial injury on 01/05/2007. The injured worker is currently diagnosed as having lumbago and thoracic/lumbosacral neuritis. Treatment to date has included lumbar epidural steroid injection and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of continued low back pain with radiation of his pain to lower extremities. The treating physician reported requesting authorization for a therapeutic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) therapeutic memory foam 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 ODG, Low Back, Mattress Selection.

Decision rationale: CA MTUS and ACOEM are silent on the topic of mattress selection. The ODG section on low back states there are no high quality studies to support the purchase of any

specialized mattress or bedding for treatment of low back pain. The purchase of a therapeutic memory foam mattress is not medically necessary and the original UR decision is upheld.