

Case Number:	CM15-0075817		
Date Assigned:	04/27/2015	Date of Injury:	01/15/1995
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Illinois

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 54 year old female who sustained an industrial injury on 1/15/95 when she was attacked by a resident resulting in neck and low back pain. She currently has full range of motion of the lumbar spine and restricted range of motion in all directions of the cervical spine with pain throughout the paracervical area. Her pain level is 2/10. Medications are Norco, Soma, and Neurontin. Diagnoses include degenerative cervical spondylosis with neck pain, interscapular pain, parascapular pain; upper extremity radiculopathy with disc protrusions; degenerative lumbar spondylosis with discogenic low back pain and lower extremity radicular symptoms; recurrent elbow pain. Treatments to date include medications; physical therapy; lumbar epidural steroid injection with immediate reduction in pain from 7/10 to 0/10. In the progress note dated 3/16/15 the treating provider's plan of care includes a request for an American massage bed as she has had this in the past for her lumbar and cervical symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

American Massage Bed for low back pain w/spasms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Massage Mattress selection.

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 - Lumbar & Thoracic (Acute & Chronic) Mattress selection.

Decision rationale: The injured worker sustained a work related injury on 1/15/95. The medical records provided indicate the diagnosis of degenerative cervical spondylosis with neck pain, interscapular pain, parascapular pain; upper extremity radiculopathy with disc protrusions; degenerative lumbar spondylosis with discogenic low back pain and lower extremity radicular symptoms; recurrent elbow pain. Treatments to date include medications; physical therapy; lumbar epidural steroid injection with immediate reduction in pain from 7/10 to 0/10. The medical records provided for review do not indicate a medical necessity for American Massage Bed for low back pain w/spasms. The MTUS is silent on mattress selection. The official Disability Guidelines recommends against the use of firmness as sole criteria for the choice of a mattress. Also, this guideline 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. Therefore is not medically necessary.