

Case Number:	CM15-0078873		
Date Assigned:	04/30/2015	Date of Injury:	03/26/2013
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old male patient who sustained an industrial injury on 03/26/2013. A primary treating office visit dated 04/02/2015 reported the patient with subjective complaint of low back pain with lower extremity symptoms; left greater. Of note, the patient reports physical therapy sessions to facilitate in diminishing pain. Medications include Hydrocodone, Naproxen, and Ambien. There is mention of inquiry regarding tapering off Hydrocodone. Attempted treatment to include failed us of antiepileptic medication, also noted with successful trial of topical antiepileptic. He is diagnosed with status post lumbar decompression on 05/19/2014, and topical allergy to antibiotics, improving. The plan of care involved continuing with additional physical therapy sessions, psychiatric consultation, and recommendation for an orthopedic mattress. Another primary treating office visit, dated 10/23/2014, reported subjective complaints of low back pain rated a 7 out of 10 in intensity accompanied with lower extremity symptoms, left side greater. The patient reports that Tramadol ER has allowed him the ability to eliminate the IR Opioid. He also gains significant comfort with the use of NSAIDs. There is no change in the treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Queen sized 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 - Mattress selection, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a mattress. ODG 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." When noting that the record does not provide any evidence of a spinal cord injury or pressure ulcers from such, there would be no clinical indication to support the purchase of an orthopedic mattress out of medical necessity. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Medicare details DME as durable and can withstand repeated use, used for a medical reason, not usually useful to someone who is not sick or injured, appropriate to be used in your home. A mattress meets two of the four DME criteria: durability and appropriate for home use. However, the treating physician does not outline the necessarily requirement for "medical reason." Additionally, a mattress would be considered "useful to someone who isn't sick or injured." The classification of Hospital Beds for in home use with a medical reason may meet Medicare DME classification. However, this mattress is not a hospital bed and would not be classified as durable medical equipment and is not recommended per ODG. As such, the request for queen size tempurpedic mattress is not medically necessary.