

Case Number:	CM15-0079485		
Date Assigned:	04/30/2015	Date of Injury:	10/02/2012
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
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: 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 58 year old female, who sustained an industrial injury on 10/02/2012. The initial complaints and diagnoses include lumbar disc displacement without myelopathy; pain in joint pelvis thigh; Long term use Meds. Treatment include use of medications like Norco, Pantoprazole, Nabumeton-Relafan. Per the progress notes dated 01/27/2015, the injured worker complains of continued low back pain with numbness in the right lower extremity, and difficulty sleeping. The injured worker reported that she had purchased a new memory foam mattress which allows her to get 5-6 hours of sleep each night as her old mattress only allowed 3 hours because she was constantly waking up in pain. The diagnoses include lumbar disc displacement, pain in joint (pelvis/thigh), psychogenic pain, and long term use of medications. The request for authorization included MRI of the lumbar spine, and reimbursement of memory foam mattress (non-certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Reimbursement of Memory Foam Mattress: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mattress selection.

Decision rationale: The injured worker sustained a work related injury on 10/02/2012. The medical records provided indicate the diagnosis of lumbar disc displacement without myelopathy; pain in joint pelvis thigh; Long term use Meds. Treatment include use of medications like Norco, Pantoprazole, Nabumeton-Relafan. The medical records provided for review do not indicate a medical necessity for Reimbursement of Memory Foam Mattress. The MTUS is silent on this, but the Official Disability Guidelines recommends against mattress selection.