MAXIMUS Federal Services

Case Number:	CM15-0079555		
Date Assigned:	04/30/2015	Date of Injury:	02/27/2011
Decision Date:	06/10/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/25/2015

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: California
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 39 year old female, who sustained an industrial injury on February 27, 2011. She reported back pain and left foot pain. Diagnoses have included back pain, disc herniations, spasms, depression and anxiety, insomnia, headache, and constipation. Treatment to date has included medications, physical therapy, epidural steroid injection, spinal fusion, and imaging studies. A progress note dated March 24, 2015 indicates a chief complaint of worsening back pain, severe spasms, shooting pains of the left leg, urinary incontinence, insomnia, and depression. The treating physician requested authorization for the purchase of a Tempurpedic ER 60 California mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic ER 60 california mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 Official Disability Guidelines (ODG) low back, mattress selection.

Decision rationale: According to guidelines it states firmness of a mattress is not recommended. A foam mattress (Tempur) generally influenced back symptoms. There are no high quality studies to support purchase of any type of specialized mattress and thus is not medically necessary.