

Case Number:	CM15-0092059		
Date Assigned:	05/18/2015	Date of Injury:	09/19/1989
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/13/2015

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, New York, California
 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 applicant is a represented 68-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of September 9, 1989. In a Utilization Review report dated April 24, 2015, the claims administrator retrospectively denied requests for a Plush Pillow Top and a Premier Base. The claims administrator suggested that the articles in question were dispensed on or around May 15, 2014. It was suggested that the articles in question represented a request for bedding and pillows. The applicant's attorney subsequently appealed. On May 1, 2014, the attending provider prescribed a new mattress for ongoing issues with chronic low back pain on the grounds that the applicant's current bed was "so old and worn out". In an associated order form of May 5, 2014, a gray Ergo Premier Base and associated Plush Pillow Top Mattress were endorsed for a total cost of [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Recharge 1000 Plush Pillow top, Qty 2, (retro DOS 5/5/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter, Lumbar & Thoracic (Acute & Chronic) - Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed: Chronic Pain 8612. Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes. Specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a Recharge 1000 Plush Pillow Top Mattress is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter note that specific beds or other commercial sleep products such as the mattress at issue are "not recommended" in the chronic pain context present here. The attending provider failed to furnish a compelling applicant-specific rationale to support provision of this particular mattress in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Gray Ergo Premier Base, Qty 2, (retro DOS 5/5/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter, Lumbar & Thoracic (Acute & Chronic) - Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed: Chronic Pain 8612. Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes. Specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for a gray Ergo Premier Base, a bed platform, is likewise not medically necessary, medically appropriate, or indicated here. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, specific beds, mattresses, and other commercial sleep products such as the bed frame/bed platform at issue are not recommended in the chronic pain context present here. As with the preceding request, the attending provider failed to furnish a compelling applicant-specific rationale or medical evidence so as to offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.