

Case Number:	CM15-0092480		
Date Assigned:	05/18/2015	Date of Injury:	08/16/2002
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
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, 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:

This is a 53-year-old male patient, who sustained an industrial injury on 8/16/2002. He reported repetitive trauma to the back, right knee and shoulder from lifting activities. Diagnoses include lumbar radiculopathy, spondylolisthesis, impingement syndrome; status post left shoulder arthroscopy, status post right knee arthroscopy, and strain/sprain of thoracic spine. Per the doctor's note dated 4/20/15, he had complaints of left shoulder and low back pain, and associated with lower extremity numbness and burning sensations. The physical examination documented radiographic imaging results. There were no objective clinical findings documented. The medications list includes anaprox, prilosec, nexium, iodine, Tylenol#3, ranitidine, hydroxyzine and tramadol. He has had left shoulder MRI dated 2/20/15 which revealed mild supraspinatus tendinosis and mild AC joint osteoarthritis; lumbar MRI dated 8/5/2014; EMG/NCS lower extremities dated 6/24/10. He has undergone right knee arthroscopic surgery in 1993 and left shoulder arthroscopic surgery. Treatments to date include activity modification, medication therapy, physical therapy and chiropractic treatments. The plan of care included a request for authorization for one queen size orthopedic bed adjustable tempurpedic for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 queen size orthopedic bed adjustable tempur pedic for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Mattress selection.

Decision rationale: CA MTUS and ACOEM do not address this request. Per the ODG guidelines, "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." Therefore, there is no high grade scientific evidence to support the use of a special mattress/bed for low back pain. Evidence of pressure ulcers or significant spinal cord injury is not specified in the records provided. The medical necessity of 1 queen size orthopedic bed adjustable tempur pedic for home use is not medically necessary for this patient.