

Case Number:	CM15-0092562		
Date Assigned:	05/19/2015	Date of Injury:	10/14/2013
Decision Date:	06/18/2015	UR Denial Date:	04/13/2015
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: California

Certification(s)/Specialty: Emergency 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 50-year-old male, who sustained an industrial injury on 10/14/13. He reported initial complaints of a fall injury to his back. The injured worker was diagnosed as having cervical stenosis C3-C4; Grade I spondylolisthesis and instability; multiple cervical disc protrusion; status post interlaminar laminectomy at L5-S1 (4/17/14); stable with residuals; myoligamentous sprain/strain of both hands; contusion of the cervical spine; contusion of the left hip. Treatment to date has included physical therapy; medications. Diagnostics included EMG/NCV study bilateral upper extremities (12/9/14); MRI cervical and lumbar spine (12/16/14); EMG/NCV study bilateral lower extremities (12/16/14). Currently, the PR-2 notes dated 11/11/14 are the most recent provider authored notes submitted for this request. There are subsequent medical examinations. On this note, the injured worker complains of constant neck pain rated 8/10 with radiation to the spine and bilateral upper extremities with associated numbness and tingling sensation, right more than left. He also complains of bilateral shoulder pain 8/10 with radiation up to the neck all the way down to the arms with associated spasms. He notes limited range of motion in the right shoulder. In addition, he has constant right wrist and hand pain 8/10 with radiation up the forearm with associated weakness. He reports left wrist pain and hand pain 8/10 with occasional radiation to the upper extremity. He also complains of constant low back pain rated at 8/10 with radiation to the bilateral lower extremities associated with cramping and spasms. He also complains of constant bilateral hip pain rated at 8/10 associated with radiation down to the heel associated with numbness and cramping sensation. He also has bilateral knee pain 8/10 with associated weakness. He reports anxiety, depression, stress

and insomnia secondary to his injuries. He states physical therapy helps decrease cramping and increase strength as well as helps improve his activities of daily living. He also states acupuncture treatment helps in the same way. On 3/3/15, the provider requested an Orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic 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 (ODG), low back chapter (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic, Acute & Chronic, Mattress Selection.

Decision rationale: The requested orthopedic mattress is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back - Lumbar & Thoracic, Acute & Chronic, Mattress Selection note "Not recommended to use firmness as sole criteria" and "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." The injured worker has constant low back pain rated at 8/10 with radiation to the bilateral lower extremities associated with cramping and spasms. He also complains of constant bilateral hip pain rated at 8/10 associated with radiation down to the heel associated with numbness and cramping sensation. He also has bilateral knee pain 8/10 with associated weakness. The treating physician has not documented the medical necessity for this DME as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met orthopedic mattress is not medically necessary.