

Case Number:	CM15-0096569		
Date Assigned:	05/26/2015	Date of Injury:	09/18/2013
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male who sustained an industrial injury on 03/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications and chiropractic treatments. Diagnostic studies include a lumbar MRI that is not available for review in the submitted documentation. Current complaints include low back pain and muscle spasms. Current diagnoses include musculoligamentous sprain lumbar spine with lower extremity radiculitis, disc protrusion from MRI, right knee contusion, and bilateral L5-S1 radiculopathy. In a progress note dated 04/05/15 the treating provider reports the plan of care as cyclobenzaprine, orthopedic mattress, chiropractic therapy, and a light weight gun belt. The requested treatment includes 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, purchase: 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), Low Back Pain Chapter, Mattress selection.

Decision rationale: Regarding the request for the purchase of orthopedic mattress, California MTUS and ODG do not contain criteria for the purchase of a bed. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested orthopedics mattress is not medically necessary.