

Case Number:	CM13-0029905		
Date Assigned:	11/27/2013	Date of Injury:	10/30/2010
Decision Date:	02/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year old man who sustained a work related injury on October 30 2010. He was reported to have a chronic back pain. Physical examination showed tenderness over the mid-low back and positive straight raising test. The provider requested authorization for memory foam mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Memory Foam Mattress Purchase: 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)-TWC Low Back Procedure Summary.

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 Procedure Summary.

Decision rationale: MTUS guidelines are silent regarding the indications to use memory foam mattress. According to ODG guidelines, mattress selection is not recommended to use firmness as sole criteria. The guidelines reported that there are no high quality studies to support the use of these mattresses for the treatment of low back pain. Pressure ulcers may be treated by specific support surfaces. In this case, there is no clear documentation of recent patient's condition and rational to support his request. The presence of solely back pain is not an indication to use foam mattress. Therefore, the request for memory foamy mattress is not medically necessary.

