

Case Number:	CM14-0103120		
Date Assigned:	07/30/2014	Date of Injury:	03/24/2009
Decision Date:	11/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. 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/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:

This injured worker is a 53 year-old male who sustained an injury on 3-24-2009. He has had anterior cervical fusion surgery previously and has had lumbar fusion surgery on two occasions. His diagnoses include left shoulder bursitis, chronic back pain with lower extremity pain, cervical spine pain, and anxiety. He complains of ongoing pain in the neck radiating to the left shoulder and low back pain radiating to the right lower extremity. His physical exam is remarkable for tenderness to palpation of the cervical and lumbar musculature with spasm and diminished range of motion. He has diminished sensation to the right L-5 dermatomal level. The straight leg raise test is negative. He is taking Norco and Tizanidine for pain.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, <Mattress Selection

Decision rationale: 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. However, based on the above guidelines this request is not medically necessary.

TLSO Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Section, <Lumbar Supports

Decision rationale: Lumbar support braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). Recent back x-rays revealed evidence of no solid fusion at L5-S1 noting instability. Therefore, the TLSO Brace is medically necessary.