

Case Number:	CM14-0103156		
Date Assigned:	07/30/2014	Date of Injury:	01/31/2009
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
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 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 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:

The patient is a 55-year-old male who has submitted a claim for Degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of January 31, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of persistent left ankle, shoulder, back and knees pain. On examination, patient was found to have a clinically straight lumbar spine, tenderness on the paraspinous area, midline tenderness and pain with ROM of the lumbar spine. Treatment to date has included medications, physical therapy, neuropathic creams, a TENS unit and home exercise. Utilization review from June 10, 2014 denied the request for Supportive Mattress with box spring QTY #1 because the guidelines do not support any type of specialized mattress or bedding as a treatment for low back pain and the requesting provider had not provided an evidence-based rationale to support it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supportive Mattress with box spring qty 1.00: 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 Official Disability Guidelines (ODG) Low Back Chapter, Mattress selection.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) Low Back Chapter was used instead. ODG states that 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. In this case, the patient complains of low back pain; however the indication for the request of an orthopedic mattress was not discussed. Moreover, there is a lack of evidence-based literature that would support the use of specialized mattresses for low back pain. The medical necessity has not been established due to lack of compelling evidence to support its use. Therefore, the request for 1 Orthopedic Mattress is not medically necessary.