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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Adjustable Swedish sleep system w/Twin Long Mattress Tempupedic E1099

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Pre-Authorization Determination, 2/4/10, 2/16/10
1/29/10, 2/8/10
Workers' Compensation Claim Information, 6/3/09
Tempur-Pedic Brochure
Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Low Back- Mattress selection
Rx, 1/6/10
MD, 1/6/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male with a reported injury on xx/xx/xx from an unknown mechanism. Reference was made to one prior neck and six prior back surgeries with a fusion in 1999 from L2-S1. Dr. evaluated the claimant on 01/06/10 for complaints of persistent back pain with occasional weakness and numbness in the legs. The claimant reported trouble sleeping. Physical examination demonstrated lumbar tenderness, thoracolumbar kyphosis, lumbar spasm, positive straight leg raises, lower extremity strength of 5-/5, pain with flexion and extension, cervical spasm and limited cervical motion. Dr. refilled prescriptions for Ambien, Vicodin and Nexium. Dr. also rewrote a prescription for a Tempur-Pedic adjustable mattress.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The claimant has a significant history of multiple spinal surgeries with extensive fusion. He has ongoing pain complaints with apparent long term use of medications including Ambien and narcotic analgesia. The claimant reports trouble sleeping. The single record provided for review did not out line any additional concurrent conservative management. While the claimant may have cause for his ongoing pain complaints and difficulty sleeping, use of the Tempur-Pedic sleep system would not be supported by the Official Disability Guidelines as a medical necessity.

The Official Disability Guidelines state 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 guidelines state the use of such sleep systems may offer palliative relief and decreased subjective complaints of pain; however the benefit would vary from person to person. Overall, use of these systems would not be considered a medical necessity. The reviewer finds that medical necessity does not exist for Adjustable Swedish sleep system w/Twin Long Mattress Tempupedic E1099.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Low Back- Mattress selection

Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on prominating body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) 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

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)