



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 2/2/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Purchase of a posturepedic mattress as related to the cervical

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopedic Surgeon/Fellowship Trained Spine Surgeon

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)



INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Assignment	January 18, 2011
Compact Disk 467 Pages of Clinical Information Texas Attorney General	Received January 20, 2011
Preauthorization Request for Posturepedic Mattress	December 13, 2010
Medical records	January 24, 2011
Request for letter medical necessity for Posturepedic Mattress	December 7, 2010
SIBS – 12th Quarter SIBS –11th Quarter SIBS –10th Quarter	November 9, 2010 August 25, 2010 May 26, 2010
ORTHOPEDICS Pre-Authorization Request Patient Information Dr. Procedure Orders Dr. Orthopedic Reports	May 11, 2010 June 18, 2010 June 25, 2010 December 2, 2010 September 2, 2010 July 23, 2010 June 29, 2010 May 4, 2010 February 5, 2010
ORTHOPEDICS Letter of Medical Necessity	December 7, 2010
MRI & Diagnostics Preauthorization Report Confirmation and Status of Patient Appointment	May 4, 2010 August 9, 2010 August 3, 2010
X RAYS: Lt hand, Lt shoulder, Cervical	December 12, 2010
Hospital Report	June 25, 2010
Notice of Utilization Review Findings	January 10, 2011 December 27, 2010



<p>Notice of Utilization Review Findings, Continued</p>	<p>May 24, 2010 May 21, 2010 May 17, 2010 May 14, 2010</p>
<p>Therapy and Diagnostics Reports</p>	<p>May 4, 2010 February 5, 2010</p>
<ul style="list-style-type: none"> • Office Visit/Procedure Notes and/or Orders, Diagnostics/Reports, Evaluations/Interpretations, Treatment Plans • Notices of Utilization Review Findings • Authorizations/Preauthorizations • Scheduling Forms • Letters 	<p>Between January 7, 2009 and December 15, 2009</p>
<ul style="list-style-type: none"> • Office Visit/Procedure Notes and/or Orders, Diagnostics/Reports, Evaluations/Interpretations, Treatment Plans • Notices of Utilization Review Findings • Notices of Intent to Issue an Adverse Determination • Authorizations/Preauthorizations • Scheduling Forms • Letters 	<p>Between January 12, 2008 and October 23, 2008</p>
<ul style="list-style-type: none"> • Office Visit/Procedure Notes and/or Orders, Diagnostics/Reports, Evaluations/Interpretations, Treatment Plans • Notices of Utilization Review Findings • Authorizations/Preauthorizations • Notice of Administrative Denial • Letters 	<p>Between January 17, 2007 and December 24, 2007</p>
<p>Call log, Office Visit Notes, Procedure Notes, Reports and Evaluations, Notices of Utilization Review Findings, Letters</p>	<p>Between January 6, 2006 and November 20, 2006</p>
<p>Office Visit Notes; Procedure Notes, Reports and Evaluations; Letters</p>	<p>Between January 13, 2005 and November 1, 2005</p>

PATIENT CLINICAL HISTORY [SUMMARY]:

is a female who sustained a rotator cuff tear and has persistent chronic neck pain after a freezer door struck her left shoulder, head and neck on xx/xx/xx. Her current working diagnosis as it pertains to this request is cervical disc protrusions of C5-C6 and C6-C7 as well as cervical radiculopathy manifested by chronic neck pain. Over the past 6 years, her pain has been treated with a combination of physiotherapy, pharmacotherapy, activity modifications, and epidural steroid injections. Her most recent clinical records indicate the IW complaining of persistent neck pain despite these conservative modalities. IW is requesting a posturepedic mattress to alleviate the pain.

Diagnostic Workup:

- 1) CT Scan of the Head 1-17-05: no acute findings
- 2) MRI of the left shoulder 2-4-2005: partial rotator cuff tear
- 3) MRI of the Brain 2-24-2005
- 4) MRI Cervical Spine 8-20-2005: 2mm disc protrusion C5-C6 and C6-C7
- 5) EMG 11-1-2005: no evidence of cervical radiculopathy
- 6) MR Arthrogram left shoulder: 1-16-2006: partial rotator cuff tear
- 7) MRI of the Brain 1-10-2006: unremarkable
- 8) CT Myelogram C spine 11-10-2009: unremarkable
- 9) MRI Cervical Spine 8-9-2010: mild degeneration C5-C6, C6-C7

Surgical Treatment:

- 1) Arthroscopic Subacromial Decompression Left Shoulder 5-12-2005
- 2) Open Rotator Cuff Repair Left Shoulder 5-11-2006
- 3) Left Carpal Tunnel Release 8-14-2007

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Posturepedic Mattress NOT recommended due to lack of clear guidelines and minimal support in the literature that such mattresses make a clinical difference.

ODG guidelines states: “mattress selection not recommended as a sole criteria” for acute and chronic back pain. In a recent RCT, a waterbed 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 pressure on protruding body parts (Bergholdt, Spine 2008). Another clinical trial concluded that patient 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, Lancet, 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- AMERICAN 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
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS



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TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES:**

1: Kovacs et al. Effect of firmness of mattress on chronic non-specific low-back pain; randomized double-blind, controlled multicentre trial, Lancet 2003; 362; 1599.

2: Berghholdt. Better backs by Better Beds? Spine 2008; 33.

3: Minnesota Rules 5221.6206 Mattresses for Neck Pain

4: Minnesota Rules 5221.6300 Mattresses for Upper Extremity Disorders