



3440 NE Stallings Drive
Nacogdoches, TX 75965
(936) 645-3664 Phone
(936) 462-8082 Fax
info@peer2md.net

5/26/15:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

a Tempurpedic Mattress for Low back pain

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

Texas Licensed, Board Certified Orthopedic 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The xx-year-old was noted to have been injured in xxxx with an unknown injury mechanism. He was noted to have a history of chronic low back pain. Records from the treating provider among other sources were reviewed. A note, for example, from the 11/12/2014 dated evaluation discussed that there was right SI joint tenderness and decreased light touch sensation in the right hamstring region and the assessment included chronic low back pain, failed back surgery syndrome, and right SI joint dysfunction. The records reveal that the claimant had been treated with Norco and that there was ongoing poor sleep due to increased low back pain. There was history of a mattress having reportedly been purchased nine years previously approved by Workers' Compensation. The claimant reportedly slept on king sized orthopedic mattress and requested a prescription for a new one.

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

The selection and/or choice of a particular sleeping surface is not supported in the form of high quality long term studies. Long term high quality large volume studies do not necessarily support any particular type of bedding including firmness versus softness as a particular criterion in efficacy with regards to the treatment of low back pain. The selection of a mattress typically depends on patient factors such as personal preference, etc. The applicable ODG criteria low back chapter in the section on mattress selection reveals that is “not recommended to use firmness as sole criteria.” It was noted that overall, the criteria for mattress selection is highly personal in nature and not necessarily at all supported with regards to evidence based medicine with regards to any particular mattress type overall. Therefore, the request is not considered medically reasonable or necessary based on the ODG criteria in particular as documented below.

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
- 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)