

December 15, 2003

Re: MDR #: M2-04-0426-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

**Clinical History:**

This claimant was 62 years old when he injured his back in a work-related accident on \_\_\_\_. He apparently had a series of three lumbar epidural steroid injections in the past, and has had another series of three recently. An MRI shows a herniated nucleus pulposus at L3-4, L4-5, and L5-S1. He has been given a prescription in the form of Lortab for pain management. According to the physician's notes, the patient has degenerative disc disease of his spine.

**Disputed Services:**

Purchase of Tempur-Pedic mattress.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the purchase of a Tempur-Pedic mattress is not medically necessary in this case.

**Rationale:**

There is no documentation in the medical literature that supports the purchase of any type of therapeutic mattresses for patients with back or cervical pain. Also, there is not enough information in the records provided for review to justify that this particular mattress would be of any benefit for this patient.

The reviewer, who has provided pain management treatment for the past 20 years, states he/she has never found any mattress that has provided any significant pain relief for patients with back pain.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on December 15, 2003

Sincerely,