



Medical Review Institute of America, Inc.
America's External Review Network

SENT TO:

Texas Department of Insurance
Health & Workers' Compensation Network Certification and QA
Division (HWCN) MC 103-5A
Via E-mail IRODecisions@tdi.state.tx.us

Injured Employee:

Requestor:

Respondent:

INSURNACE CO FO THE STATE OF PA/AIG
FAX: (877) 538-2248
PHONE: (975) 807-4816

January 30, 2007

RE: IRO Case #:M2-07-0564-01

Name: ___

Coverage Type: Workers' Compensation Health Care (Non-network)

Type of Review: Prospective

Medical Review Institute has been certified, certification number 5278, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to the IRO for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

The IRO has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547
(801) 261-3003 (800) 654-2422 FAX (801) 261-3189
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This case was reviewed by an MD, Physical Med Rehab specialist. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of Medical Review Institute of America I certify that:

1. There is no known conflict between the reviewer, the IRO and/or any officer/ employee of the IRO with any person or entity that is a party to the dispute, and
2. A copy of this IRO decision was sent to all of the parties via U.S. Postal Service or otherwise transmitted in the manner indicated above on 1/30/06.

Right to Appeal

You have the right to appeal the decision by seeking judicial review. The decision of the IRO is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery the appeal must be filed:

1. Directly with a district court in Travis County (see Labor Code §413.031(m), and
2. Within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for a CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Case Analyst: Valerie O ext 554
Case Fulfillment Specialist

DATE OF REVIEW: January 30, 2007

IRO Case #: M2-07-0564-01

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Description of the services in dispute:

Pre-Authorization Request - Tempurpedic Mattress and Pillow.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

Review Outcome

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

Upheld

Provide a Description of the Review Outcome That Clearly States Whether or Not Medical Necessity Exists for Each of the Health Care Services in Dispute.

Medical necessity does not exist for the Item in Dispute: Pre-Authorization Request - Tempurpedic Mattress and Pillow.

Information provided to the IRO for review

Records Received From the State:

- Notification of IRO assignment 1/12/07
- Notice of receipt of request for Medical Dispute Resolution, 1/12/07
- Medical Dispute Resolution Request/Response forms, x2
- Table of Disputed Services
- List of Providers
- SRS Review response, 10/27/06
- SRS Re-review response, 11/21/06
- Notice of appeal, 11/15/06
- Prescription for Tempurpedic mattress, 9/21/06
- Prescription for Tempurpedic pillow, 8/24/06

Records Received from Dr. Larry Likover:

- Discharge summary, 8/29/06

Office notes, 8/3/06, 8/24/06, 9/21/06
Medical necessity letter, 10/2/06
Letter from psychiatrist regarding admission, 11/22/06
Psychiatric note regarding hospital stay and return to work, 9/22/06

Patient Clinical History (Summary):

The patient is a 44 year-old female with history of a work related injury on _____. There is a discharge summary from 8/29/06 indicating hospitalization for depression. The patient apparently has chronic neck pain. She was released to work with restrictions of weight lifting less than 30 pounds prior to this hospitalization. The patient then had a Tempurpedic pillow and mattress prescribed. Coverage was denied, and there is an appeal.

Analysis and Explanation of the Decision Including Clinical Basis, Findings and Conclusions Used to Support the Decision:

The Tempurpedic mattress and pillow are not medically necessary. The patient has noted chronic neck pain with bulging cervical discs. The patient has been allowed to return to work with limited lifting, based on physical findings. The patient's exam is apparently negative with normal range and no neuromuscular deficits.

There is no literature support for clinical efficacy of a Tempurpedic pillow or mattress for this problem. A medline search did not note any literature in support of the Tempurpedic products. There was also no research data noted in review of the company website. There are no recent studies on pillows indicating any greater efficacy for any specific neck or back problem. The patient has chronic neck pain and there is no data to support any specific pillow or mattress as being efficacious for this problem

A Description and the Source of the Screening Criteria or Other Clinical Basis Used to Make the Decision:

Clinical review

Review of company website www.tempurpedic.com

Medline search

Effect of firmness of mattress on chronic non-specific low-back pain: randomised, double-blind, controlled, multicentre trial. Lancet. 2003 Nov 15;362(9396): 1599-604

cc: Requestor; Respondent