

<b>Case Number:</b>	CM13-0003437		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/12/2008
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old male who reported injury on 04/12/2008. The mechanism of injury was not provided. An objective physical examination was not proved. The patient was noted to have a laminectomy, foraminotomy, and L5-S1 disc repair with disc decompression and residual symptoms. The patient was noted to have disordered sleep with obstructive sleep apnea with CPAP use and PTSD. The patient was noted to have previously authorized and received a new Tempur-Pedic bed which was helpful; however, it was noted the bed was now too soft and the request was made for an Abriana extra firm mattress with combined Nuflex moveable base and cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**DME purchase: (Bed) Abriana extra firm mattress combined with Nuflex movable base, quantity #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 5th Edition, 2007 or current year, Low Back, Lumbar & Thoracic (Acute & Chronic, Conservative care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress Selection, Knee & Leg Chapter, DME

**Decision rationale:** Official Disability Guidelines indicate there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain and mattress selection is subjective and depends on personal preference and individual factors; however, as a mattress is durable medical equipment Official Disability Guidelines were applied. Official Disability Guidelines indicates that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment which includes, is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury. Clinical documentation submitted for review indicated that the mattress would be individualized to the patient as the patient had trialed multiple mattresses and box springs. It was indicated that the patient has to lie down frequently with feet up and upper back propped up and it was noted that the motorized moveable components of the mattress/box spring allowed the patient better positioning and independent adjustment of the head, back, and feet. Additionally, it was noted that remote control given the posture issues and trouble twisting to use motorized units on the sides, would increase the patient's ability to have a restful sleep. However, there is a lack of documentation indicating that the mattress is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury. As such, it does not meet Medicare's definition of Durable Medical Equipment. Given the above, the request for a DME purchase bed Abriana extra firm mattress combined with Nuflex movable base quantity 1 is not medically necessary.

**Cognitive behavioral therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23.

**Decision rationale:** California MTUS Guidelines indicate that cognitive behavioral therapy for chronic pain is recommended with an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6 to 10 visits. The clinical documentation submitted for review indicated the patient had prior cognitive behavioral therapy; however, there was a lack of documentation indicating the patient had objective functional improvement and the number of sessions the patient had previously received. Given the above and the lack of documentation indicating the number of sessions being requested, the request for cognitive behavioral therapy is not medically necessary.