

<b>Case Number:</b>	CM13-0008158		
<b>Date Assigned:</b>	09/13/2013	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 underlying date of injury in this case is 04/29/2012. The primary diagnosis is low back pain. An initial physician review noted the patient was 2 weeks status post an L3 L5 anterior-posterior fusion with a history of increasing left lower extremity tingling with numbness and burning. The patient had requested a Tempur-Pedic bed. That review noted that the medical records did not support a rationale for this request, or specific evidence of a need to position the patient in a particular way.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempur-Pedic bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins, Number: 0543 Hospital Beds and Accessories Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter section on Mattress Selection.

**Decision rationale:** The Official Disability Guidelines' section on mattress selection states, "Not recommended to use firmness as a sole criteria...There are no high-quality studies to support

purchase of any type of specialized mattress or bedding for a treatment of low back pain...Mattress selection is subjective and depends on personal preferences and individual factors." The guidelines and medical records do not support this current request. The request for a Tempur-Pedic bed is not medically necessary and appropriate.