

<b>Case Number:</b>	CM13-0011669		
<b>Date Assigned:</b>	09/24/2013	<b>Date of Injury:</b>	08/27/1996
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Orthopedic Surgery, and is licensed to practice in Arkansas and 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 57-year-old male with a reported date of injury on 08/27/1996. The patient presented with moderate to severe low back pain, leg pain, tenderness to the lumbar spine over the paravertebral muscles, difficulty standing from a sitting position, and a slow guarded gait with the torso inclined forward 15 degrees. The patient presented with diagnoses including cervical spine radiculitis, carpal tunnel syndrome right, and internal derangement of the right shoulder. The physician's treatment plan included a request for DME.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME:** 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)

**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, Mattress

**Decision rationale:** The California MTUS guidelines and ACOEM do not address. The Official Disability Guidelines note it is not recommended to use firmness as sole criteria. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a

treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. Per the provided documentation, it appeared the request was for an orthopedic mattress. The Guidelines note mattress selection is subjective and depends upon personal preference and individual factors. The Guidelines do not recommend specialized mattresses for patients without the presence of pressure ulcers. Additionally, the requesting physician's rationale for the request was unclear within the provided documentation. Therefore, the request for DME is neither medically necessary nor appropriate.