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| <b>Case Number:</b>   | CM13-0012407 |                              |            |
| <b>Date Assigned:</b> | 03/24/2014   | <b>Date of Injury:</b>       | 06/16/2004 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 08/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 54 year old male who was injured on 08/16/2004 with unknown mechanism of injury. Prior treatment history has included the patient underwent placement of a longer lead for less tension on the lead, re-anchoring of the lead, and replacement at the T9-T10 level, as well as reconnection to the pulse generator, 2nd revision on 02/06/2013. The patient is currently on Norco 10, Motrin P.R.N. Diagnostic studies reviewed include thoracic spine IV dated 02/06/2013 with impression of single intraoperative fluoroscopic spot image demonstrates spine stimulator leads projecting over the spinal canal. Clinic note dated 07/24/2013 documented the patient to have complaints of low back pain, it has been increased over the past 10 days, with a shooting pain in the midline right over his sacrum as a result of that he uses little bit more Norco. Objective findings on exam included lumbosacral region, there is no obvious gross deformity across the region. There is no significant pelvic obliquity or scoliosis. There is tenderness over the sacrum, which is his new recent pain. He still has the same broad-based upper lumbar pain, which is with increased tension. Range of motion: Lumbar flexion is with mild restrictions due to lumbar discomfort, whereas the extension is with severe restrictions due to the sacral pain. Side bending appears to be full bilaterally. Neuromuscular examination lower limbs: Sensory exam: Intact to light touch throughout both lower limbs, without dermatomal pattern. Manual motor: Hip flexors 4+/5 bilaterally; hip extensors, knee flexors, knee extensors, ankle dorsiflexors, ankle everters 5/5 bilaterally. Left seated Dural stretch does not seem all that provoking today.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC MATTRESS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**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 Selection.

**Decision rationale:** According to the Official Disability Guidelines (ODG), orthopedic mattresses are recommended for pressure ulcers (e.g., from spinal cord injury) which allows for special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. The medical records do not document medical necessity for a selected orthopedic mattress. Therefore, the request for an orthopedic mattress is not medically necessary and appropriate.