

<b>Case Number:</b>	CM13-0015403		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/19/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 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:

This is a 58-year-old gentleman who was injured on June 19, 2010 while twisting his back using a manual power jack. He subsequently undergone spinal fusion surgery in the form of a fusion procedure at the levels of L4-5 and L5-S1 in July of 2012. He apparently reported difficulties with respect to falling and staying asleep. The treating provider recommended an orthopedic mattress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for an orthopedic mattress:** 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). Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

**Decision rationale:** The California MTUS does not specifically address the use of an orthopedic mattress though it speaks to the discussion of modifications with regard to things that aggravate an individual's back pain. The Official Disability Guidelines does specifically address mattress selection stating that "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". As there is no literature to support the use of an orthopedic mattress following either a lumbar spine injury or subsequent surgical intervention, the request is not medically necessary and appropriate.