

<b>Case Number:</b>	CM13-0015762		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 and Emergency Medicine and is licensed to practice in Florida. 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 51 year-old female with a date of injury of 01/06/09. A progress report included by [REDACTED] dated 06/24/13, identified subjective complaints of low back pain radiating into the left leg and knee. The objective findings included lumbar tenderness and decreased range-of-motion. The sensation and motor function was decreased in the lower leg. Straight leg-raising was negative. The diagnoses included a left lumbosacral radiculopathy. The treatment has included lumbar decompression on 05/18/11 and nerve root decompression on 04/23/12. An additional surgery is being considered. It was noted that an orthopedic mattress has been recommended. A utilization review determination was rendered on 07/26/13 recommending non-certification of "orthopedic mattress".

### 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 ODG Knee & Leg and Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Mattress Selection

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not specifically address orthopedic mattresses. They do note that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) state: "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Therefore, there is no documented medical necessity in the record for an orthopedic mattress.