

<b>Case Number:</b>	CM13-0017229		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/27/2000
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 is licensed to practice in New York. 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 claimant is a 65 yo female who sustained a work related injury on 9/27/00. She has a diagnosis of low back pain. On exam, she has mild limitation of lumbar motion with mild paravertebral tenderness. Straight leg raising is negative bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**orthopedic TempurPedic bed:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Per the Official Disability Guidelines, it is not recommended to use firmness as a sole criterion in mattress selection for treatment of chronic low back pain. Per the California Labor Law, a bed is not a medical device. The Official Disability Guidelines do not support any particular bed or mattress, as there is no valid scientific evidence that supports their use for the treatment of low back pain. Medical necessity for the requested item has not been established. The requested item is noncertified