

<b>Case Number:</b>	CM13-0029365		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/28/1995
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Physical Medicine & 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 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 55 year-old female sustained an injury on 3/28/95 while employed by the [REDACTED]. The request in consideration is one mattress ([REDACTED]) between 8/27/2013 and 12/15/2013. A report of 8/27/13 from [REDACTED] noted patient with complaints of occasional low back pain with stiffness and weakness, especially in the mornings and dissipated as the day progressed. Physical therapy had been helpful with 75% improvement with pain from 9 to 2/10. Objective exam indicated strength and range of motion has improved (no specific measurement were documented). The treatment plan included continuing with physical therapy 2x6 to transition to a home program. The patient stated her mattress caused her pain and [REDACTED]. [REDACTED] is requesting for a mattress. This request was non-certified on 9/15/13, citing guidelines criteria and lack of medical necessity. There is a report dated 12/21/12 from [REDACTED] noting under history, the patient's leg gave out on her and she fell. Her pain level was 4-7/10. She is retired and independent with her ADLs. Minimal exam documented included under sensation: radiculopathy with intact proprioception and coordination; SLR to 90 degrees on right; 60 degrees on left. Her diagnosis was Lumbago. Recommendations include Isokinetic Myofascial release and Electrical stim and Ice compression. A brief report dated 3/8/13 noted exam of "back is mildly tender with slight increase in pain with flexion and extension and lower extremity weakness." Therapy has been helpful with 75% improvement. Treatment was to continue PT 2x6 with f/u in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One mattress (Cypress Care) between 8/27/2013 and 12/15/2013: 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), Section Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Ortho Mattress.

**Decision rationale:** This 55 year-old individual sustained an injury on 3/28/95 while employed by the [REDACTED]. The request in consideration is one mattress ([REDACTED]) between 8/27/2013 and 12/15/2013. A report of 8/27/13, in the medical records provided, noted the employee had complaints of occasional low back pain with stiffness and weakness, especially in the mornings and this dissipated as the day progressed. Physical therapy had been helpful with 75% improvement with pain from 9 to 2/10. An objective exam indicated strength and range of motion has improved (no specific measurement were documented). The treatment plan included continuing with physical therapy 2x6 to transition to a home program. The employee stated the mattress caused pain and the treating physician is requesting for a mattress. A review of multiple submitted reports indicated unchanged chronic low back pain complaints with minimal documented exam without clear neurological deficits for diagnosis of Lumbago. The treatment plan remained unchanged with recommendation to continue PT. The ODG guidelines do not recommend specialized mattresses for spinal injuries especially for a diagnosis of chronic cervical strain/sprain and degenerative disc with unchanged chronic pain symptoms and clinical exam with intact neurological findings. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The one mattress ([REDACTED]) between 8/27/2013 and 12/15/2013 is not medically necessary and appropriate