

<b>Case Number:</b>	CM13-0033176		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of March 4, 2004. A utilization review determination dated September 30, 2013 recommends non-certification of 1 queen sized Tempur-Pedic adjustable bed. The previous reviewing physician recommended non-certification of 1 queen sized Tempur-Pedic adjustable bed due to lack of documentation of support from evidence based guidelines. A progress report dated September 24, 2013 identifies subjective complaints of significant increase in his neck and back symptoms since his last visit. The patient complains of headaches, neck pain which is constant and radiates to his bilateral upper trapezius and shoulders greater on the right, bilateral shoulder pain, and low back pain that radiates to the bilateral legs to the level of the feet. Objective findings identify tenderness to palpation over the bilateral trapezia. The right shoulder examination reveals tenderness to palpation over the healed incision. There is decreased sensation in the right little finger. Physical examination of the lumbar spine reveals tenderness to palpation over the midline and decreased sensation over the dorsum of the right foot. Diagnoses identify cervical spine disc protrusion, cervical spine spondylosis, C6 radiculopathy, right rotator cuff tear repair, left shoulder overcompensating pain, right little finger prominence at DIP joint, lumbar spine degenerative facet disease, lumbar spine broad-based disc bulges, lap band surgery, obesity, and hypertension. The treatment plan identifies the patient had previously slept on a Tempur-Pedic adjustable bed, which helped a great deal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 QUEEN SIZED TEMPUR-PEDIC ADJUSTABLE 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

**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 Pain Chapter, Mattress Selection

**Decision rationale:** Regarding the request for 1 queen sized Tempur-Pedic adjustable bed; California MTUS and ODG do not contain criteria for the purchase of a bed. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested 1 queen sized Tempur-Pedic adjustable bed between is not medically necessary.