

<b>Case Number:</b>	CM13-0044965		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Family Practice 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:

The patient is a 37-year-old male who reported an injury on 01/04/2013. The mechanism of injury was stated to be the patient was standing on a ladder about 4 to 5 feet off the ground when the ladder slipped causing the patient to fall. The patient was noted to fall onto a kitchen chaise and then onto the floor. The patient's diagnosis was noted to be lumbar HNP with radiculopathy and the requested procedure was noted to be a lumbar discectomy. The physician requested a new mattress for the lumbar spine to assist the patient's ability to sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New Mattress for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 Chapter, Mattress, Knee & Leg Chapter, DME (durable medical equipment)

**Decision rationale:** Official Disability Guidelines indicate there are no high quality studies to support the purchase of any type of specialized mattress or bedding as treatment for low back pain. A mattress would be considered durable medical equipment; as such, it is recommended

generally if there is a medical need and if the device meets Medicare's definition of durable medical equipment which includes can withstand repeated use (i.e., could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, and is generally not useful to a person in the absence of illness or injury). The clinical documentation failed to meet the above Durable Medical Equipment criterion. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for new mattress for Lumbar spine to assist in the ability to sleep is not medically necessary.