

<b>Case Number:</b>	CM13-0049430		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/1973
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Orthopedic Surgery 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 71-year-old female sustained an industrial injury on 10/1/73. The mechanism of injury was not documented. Records indicated the patient was status post 9 lumbar surgeries with a diagnosis of lumbar radiculopathy (right greater than left) and chronic pain syndrome. The 6/14/11 lumbar spine MRI impression documented post-operative changes consistent with widespread laminectomy defect from L3/4 to L5/S1, grade 2-3 spondylolisthesis L4 on L5, instability, moderate spinal stenosis, and severe bilateral L4 neuroforaminal stenosis. The 9/26/13 treating physician report cited activity-related grade 3-7/10 low back pain radiating to the legs with numbness and tingling over the right medial thigh and calf to ankle. Physical exam documented slightly flexed posture, moderate tenderness and paravertebral muscle spasms, decreased lumbar range of motion, and difficulty with heel walking. The patient was having difficulty with her mattress which required replacement. The treatment plan included a full-size Sleep Number mattress and medications. The 11/7/13 utilization review denied the request for a Sleep Number mattress as there is no guideline support to recommend a specific mattress over a general mattress selection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FULL SIZE SLEEP NUMBER MATTRESS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back - Mattress selection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Mattress selection.

**Decision rationale:** The California MTUS guidelines do not provide recommendations relative to mattress/bed selection. Guidelines state that there is no recommendation regarding the use of mattresses for lower back pain other than to make providers aware that the dogma to order patients to sleep on firm mattresses may be wrong. The Official Disability Guidelines do not recommend firmness be used as a sole criteria for mattress selection. Guidelines state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In the absence of guideline support, this request for a full size Sleep Number mattress is not medically necessary.