

<b>Case Number:</b>	CM13-0057261		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Emergency Medicine 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 male with a date of injury of October 20, 2009. The mechanism of injury is described as a back injury while riding a lawn mower. Pain was mild but was exacerbated on June 2, 2010 while carrying items and twisting his back while at a worksite. The patient has a diagnosis of degenerative spondylosis lumbar spine, lumbago and lumbar radiculopathy. On November 7, 2013, the patient complained of low back pain, reported to be 2/10 at baseline, increasing with exacerbation to 8-10/10. There was some numbness reported over the lower back. The pain was exacerbated by prolonged sitting, standing and walking. The patient is experiencing poor sleep and a decreased efficiency of his medication because of his "bad bed". Objective exam reveals normal vital signs, antalgic gait. Physical exam revealed severe pain across the lower back and T12-S4. An MRI on February 6, 2012 reveals multilevel spondylosis, most severe at L3-4 and L4-5; Advance degenerative disc disease at L3-4 and L4-5 levels with osteophyte complex encroachment with bilateral neural foraminal, noted borderline central spinal canal stenosis L3-4 and mild multi facet arthropathy. The patient is reportedly on high dose, high potency opioids including oral dilaudid and oxycontin. The patient has undergone lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**a sleep number bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, ODG Integrated Treatment/Disability Guidelines, Low Back - Lumbar & Thoracic (Acute and 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 Chapter, Mattress selection section

**Decision rationale:** The California MTUS Guidelines do not adequately address this topic. According to the Official Disability Guidelines mattress selection, due solely to firmness, is not recommended due to lack of evidence to support any special mattress selection in low back pain. The patient has chronic low back pains with complaints of poor sleep due to a "bad bed". He reports waking up every three (3) hours. There is no documentation of other sleep modality interventions including sleep medications, sleep studies or other conservative therapies. There is no documentation that other causes of sleeplessness, such as habit related, psychiatric, sleep apnea or poor pain control have been adequately assessed. There is no documentation of how a "bad sleep" affects activities of daily living. As per the ODG, mattress selection and comfort appears to be purely subjective and is therefore not medically recommended.