

<b>Case Number:</b>	CM13-0058057		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/1992
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 60-year-old male with a date of injury of 07/30/1992. The listed diagnoses per [REDACTED] dated 10/29/2013 are: (1) Lumbar disk without myelopathy, (2) Myofascitis, cervical and lumbar, and (3) Cervicobrachial syndrome. According to a report dated 10/29/2013, the patient presents with wrist, neck, and mid to lower back pain. Pain is noted as 5/10 to 8/10. The patient's medications include Soma and hydrocodone. Examination findings reveal decreased range of motion of the lumbar spine. Left shoulder was noted as painful upon scar. This is the extent of the physical examination reporting. The provider is requesting a Sleep Number bed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Number 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).

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

**Decision rationale:** The patient presents with wrist, neck, and mid to low back pain. The provider is requesting a Sleep Number bed. The MTUS Guidelines do not specifically discuss

orthopedic mattresses. However, the Official Disability Guidelines does quote one study and indicates that a recent clinical trial concluded that patients with medium firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising and disability. A mattress of medium firmness improves pain and disability among patients with chronic nonspecific low back pain. Furthermore, the ODG discusses durable medical equipment (DME) and states that for an equipment to be considered a medical treatment it needs to be used primarily and customarily for medical purposes. It generally is not useful to a person in the absence of illness or injury. The ODG further states 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. Mattress selection is subjective and depends on personal preference and individual factors. In this case, the request does not meet the definition of DME per the guidelines as beds are not solely used for medical purposes. The ODG also does not recommend specialized mattresses except for pressure ulcers in spinal cord injury patients. Therefore, the requested Sleep Number bed is not medically necessary or appropriate.