

<b>Case Number:</b>	CM13-0058910		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/19/2006
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 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:

This female Cashier/ bookkeeper sustained an injury on 3/19/06 while employed by [REDACTED]. While rising from a chair, her right foot was caught on the wheel causing her to trip over a small box. She is status post cervical decompression and fusion with locking plate on 3/24/06 with an uneventful postoperative course per panel QME report of 6/29/06. EMG was negative for cervical radiculopathy. Request under consideration is for a [REDACTED]. Report of 10/23/13 from provider noted patient with persistent neck pain; bladder control was impaired-when full, she noted a wave of sweating and heat intolerance; sleep is poor. The patient has tried various mattresses and found benefit from the requested mattress. Exam showed restricted cervical range of motion in all planes; brisk symmetrical reflexes; hands were hyper-hydriodic. Medications include Tizanidine, Topamax, Protonix, and Bupropion. Diagnoses included cervical myelopathy/post-op cervical decompression fusion in 2006; chronic headaches; neurogenic bladder. She is continuing with acupuncture and remains off work. Request for the [REDACTED] [REDACTED] was non-certified on 10/30/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] : 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), Chapter on Low Back, Mattress Selection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on Low Back, Ortho Mattress, pages 459-460

**Decision rationale:** MTUS/ACOEM Guidelines do not address orthopedic mattress; however, ODG does not recommend specialized mattresses for spinal injuries with unchanged chronic pain symptoms and clinical exam in the absence of unstable spinal fractures or cauda equine syndrome. Mattress selection is subjective and depends on personal preference and individual factors. Guidelines also note there are no high quality studies supporting any type of specialized mattress for bedding as a treatment for low back pain. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The [REDACTED] [REDACTED] is not medically necessary and appropriate.