

<b>Case Number:</b>	CM14-0002266		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/07/1991
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational 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 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of February 7, 1991. Treatment to date has included medications, physical therapy, chiropractic treatment, and lumbar discectomy with posterior interbody fusion at L4-5. Medical records from 2013 were reviewed, which showed that the patient complained of mild low back pain. On physical examination, strength and tone were normal on all extremities with no atrophy noted. Gait was normal. A utilization review from December 12, 2013 denied the request for Tempur-Choice Supreme Air/Foam Mattress because guidelines do not recommend mattress selection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TEMPUR CHOICE SUPREME AIR/FOAM MATTRESS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Procedure Summary.

**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 ODG states that mattress selection is not recommended. There are no high quality studies to support purchase of any type of specialized mattress as a treatment for low

back pain. Mattress selection is subjective and depends on personal preference and individual factors. In this case, there was no discussion regarding the indication for the requested mattress despite not being recommended by the ODG. Therefore, the request is not medically necessary and appropriate.