

<b>Case Number:</b>	CM14-0006488		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 a 55-year-old male who has submitted a claim for lumbosacral neuritis, mild degenerative disc disease with spondylolysis status post surgery (March 2008, May 2009, August 2010), radiculopathy, anxiety and depression and hardware failure associated with an industrial injury date of July 21, 2003. Medical records from 2013-2014 were reviewed, the latest of which dated January 24, 2014 revealed that the patient continues to complain of low back pain. He spends a lot of time in bed and unable to perform several activities. On physical examination, the patient continues to ambulate slightly bent forward at the waist. He has a back scar that is well matured. There is tenderness in the lumbar region specifically on the right and left side of the scar. There is limitation in range of motion with flexion to approximately 45 degrees, extension just past the neutral position, lateral bending to the right and left is 50% normal. Treatment to date has included hardware cage installation (March 2008), hardware screw installation anteriorly (May 2009), hardware removal (August 2010), epidural steroid injection, nerve block, and medications which include Dilaudid, diazepam, Soma, Cymbalta, Norco, Opana ER, and MS Contin. Utilization review from December 20, 2013 denied the request for 2 INCH FOAM PAD FOR QUEEN SIZE BED because there is no documentation or rationale why the requested durable medical equipment would be beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 INCH FOAM PAD FOR QUEEN SIZE BED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** The CA MTUS does not specifically address the topic on foam pad. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Low Back Chapter, was used instead. ODG states that mattress selection is not recommended. 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, a foam pad was requested to soften the mattress that reduced his back pain by 50%. The latest clinical evaluation revealed persistence of subjective and objective findings in the lumbar area. However, the use of foam pad is not guideline recommended. There is no documentation of failure of first-line treatment for low back pain. The medical necessity for foam pad was not established. Therefore, the request for 2 INCH FOAM PAD FOR QUEEN SIZE BED is not medically necessary.