

<b>Case Number:</b>	CM14-0008180		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Neurology and is licensed to practice in Texas, Florida, Illinois, Oklahoma. 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 injured worker is a 50-year-old female who sustained an injury to her low back on 11/28/06. The mechanism of injury was not documented. The injured worker was diagnosed with lumbar disc displacement. The clinical note dated 12/07/13 reported the injured worker currently complained of pain in the lumbar spine, bilateral knees and bilateral feet, which she rated at 5-8/10 on the Visual Analogue Scale (VAS). The injured worker also noted left hip and lumbar spine stiffness radiating down to the left leg. Her bilateral feet were swollen, left greater than right. Bilateral knees have stiffness, numbness to the right leg and bilateral feet/toes. Physical examination noted antalgic gait on the left; heel/toe walk exacerbates antalgic gait; diffuse tenderness to palpation over the lumbar paraspinous muscles: moderate to severe tenderness along the L3 through S1 levels; lumbar range of motion lateral bending 20° bilaterally, flexion 60° bilaterally, extension 15° bilaterally. It was noted the injured worker is status post artificial disc replacement at L4-5 and L5-S1. The injured worker was noted to have started physical therapy on 12/09/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 LATEX ORTHOPEDIC BED MATTRESS WITH HEAD AND FOOT ADJUSTMENTS

**[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, Low Back.

**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 request for one latex orthopedic bed mattress with head and foot adjustments (██████████) is not medically necessary. The previous request was denied on the basis that the patient's condition did not warrant use of a late text orthopedic bed mattress with head and foot adjustments as being clinically warranted. Guidelines indicate that no quality studies support the use of any particular type of specialize mattress or bedding as a treatment for low back pain. Therefore, there was no indication that the use of bed with dramatic features the benefit will back pain. There was no additional objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for one latex orthopedic bed mattress with head and foot adjustments (██████████) has not been established. Therefore is not medically necessary.