

<b>Case Number:</b>	CM14-0013176		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 18, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; a lumbar support; psychotropic medications; unspecified amounts of physical therapy; and topical compounds. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for an orthopedic mattress, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A January 15, 2014 progress note is notable for comments that the applicant reported multifocal pain complaints, including about the neck and low back, reportedly associated with cumulative trauma at work. The applicant is on Norco, Cymbalta, Nexium, Lidoderm, and Dendracin for pain relief, it was stated. Physical therapy and several medications were refilled. The applicant's work status was not clearly detailed. On January 8, 2014, the attending provider appealed that the claims administrator's denial of the applicant a prescription for Norco. On December 15, 2013, the applicant was described as permanent and stationary. The applicant did not appear to be working. The applicant was using a cane to move about. The applicant was reportedly tired and having ongoing back and neck pain complaints. Authorization was sought for a new body massager, bathtub, exercise bike, standup scooter, and orthopedic mattress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT: ORTHO MATTRESS: 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 ACOEM V.3 > Low Back > Devices > Sleeping Surfaces Mattresses, Water Beds, and Other Sleeping Surfaces Sleep disturbance is common with LBP.(560) Entrenched dogma holds that a firm mattress is superior for LBP treatment and/or prevention.(561) Commercial advertisements also advocate brand-name mattresses allegedly to treat LBP. The purpose for including a discussion about mattresses and sleeping surfaces in this section is not to involve provider

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, there is no recommendation for or against usage of any one particular mattress or other optimal sleeping surface. As further noted by ACOEM, provider should not typically be involved in provision of prescriptions for mattresses. While applicants should select those mattresses and/or other sleeping surfaces which are most comfortable for them, these are, per ACOEM, considered articles of personal preference as opposed to matters of medical necessity. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. The request for an orthopedic mattress is not medically necessary or appropriate.