

<b>Case Number:</b>	CM14-0016972		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	06/07/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine & 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 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 32 year old female with a date of injury of 06/07/2007. The listed diagnoses per [REDACTED] are: lumbago, sciatica, post laminectomy syndrome of lumbar region, and chronic pain syndrome. According to the progress report dated 11/13/2013 by [REDACTED], the patient complains of low back and left lower extremity pain. She rates her pain 10/10 in the leg and back. The patient is taking Flexeril, Valium, and omeprazole. The physical exam shows the patient is healthy and is in no apparent distress. She is able to ambulate without a device and her gait is normal. The treater is requesting a Recharge 850 firm mattress with moveable base and suspension foam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RECHARGE 850 FIRM MATTRESS WITH MOVEABLE BASE AND SUSPENSION FOAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 references a recent clinical trial that concluded patients with medium-firm mattresses have better outcomes than patients with firm mattresses for pain in bed, pain on rising, and stability. In addition, the ODG states that medium-firm mattresses can have better outcomes from non-specific back pain but that this is still under study. ODG further discusses criteria for durable medical equipment which is something that is primarily and customarily used to serve a medical purpose. In this request, a mattress is not primarily and customarily used for medical purposes. The request is therefore not medically necessary and appropriate.