

<b>Case Number:</b>	CM14-0019567		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 injured worker is a 31 year old male with a reported injury date on 10/11/2012; the mechanism of injury was not provided. The evaluation report dated 02/13/2014 noted that the injured worker has complaints the included 8/10 pain to the lower back that increase with all activities and movement. Objective findings included tenderness upon palpation to the lumbar paraspinal muscles along the L3-S1 facet joints and restricted range of motion in all directions. It was noted that the injured worker could only sleep 4 to 5 hours per night due to pain which increases with current mattress. The request for authorization for a therapeutic mattress was submitted on 01/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THERAPEUTIC MATTRESS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Low Back, Mattress Selection.

**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 a therapeutic mattress is non-certified. It was noted that the injured worker has complaints that included 8/10 pain to the lower back that increase with all activities and movement. Objective findings included tenderness upon palpation to the lumbar paraspinal muscles along the L3-S1 facet joints and restricted range of motion in all directions. It was noted that the injured worker could only sleep 4 to 5 hours per night due to pain which increases with current mattress. The Official Disability Guidelines states that there is no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain because mattress selection is subjective and depends on personal preference and individual factors. The medical necessity for the purchase of a therapeutic bed has not been established. There was inadequate evidence that the injured worker had received education about basic sleep hygiene. Additionally, it can be questioned if the injured worker's current pain management plan is adequate as the contributing factor to sleep loss is pain. Furthermore, there is no evidence to suggest that the injured worker has received adequate conservative care. Due to these factors, this request is not medically necessary.