

<b>Case Number:</b>	CM14-0111983		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/01/1998
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Family 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 injured worker is a 44 year old female who sustained an injury to her low back on 06/01/98 while lifting small car parts and tires to place them into a bin. MRI of the lumbar spine without contrast dated 09/22/08 revealed laminectomies performed on the left side at L3-4 and L4-5; L3-4, annular disc tear with what appears to be a 1mm disc bulge posteriorly to the right of midline; L4-5, 1-2mm disc bulge posteriorly versus scarring; L5-S1, 2mm disc protrusions posteriorly to the left of the midline. The progress report dated 06/24/14 was handwritten and difficult to decipher. The injured worker continued to complain of low back pain in the right buttock that was sharp in nature. The injured worker was diagnosed with post-surgical lumbosacral pain, increased to the right. She was recommended to repeat MRI of the lumbosacral spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Tempurpedic Bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, 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 1 Tempurpedic bed is not medically necessary. The previous request was denied on the basis that the Official Disability Guidelines state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain because a mattress selection is subjective and depends on personal preference and individual factors. In addition, there was a lack of documentation provided to include a history of the injured worker's injuries, current subjective complaints, current objective clinical findings, and conservative treatment. Due to the lack of documentation provided, a clear clinical picture could not be obtained. Furthermore, the guidelines do not support this request. As such, the request was not deemed as medically appropriate. The Official Disability Guidelines also state that in recent, evidence based studies, a waterbed (AQVA) and a body contoured foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. Furthermore, the specific model of Tempurpedic bed was not specified in the request. Given this, the request for 1 Tempurpedic bed is not indicated as medically necessary.