

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0140956 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 05/26/2012 |
| <b>Decision Date:</b> | 12/24/2014   | <b>UR Denial Date:</b>       | 07/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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 Pain Management, has a subspecialty in Interventional Spine 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:

This 59 year old female sustained an injury when she fell forward onto her right knee and left ankle on May 26, 2012. The injured worker had chronic low back pain with radiation down the left leg. A magnetic resonance imaging (MRI) done on August 20, 2012 revealed degenerative spondylolisthesis of L4-L5, with severe spinal stenosis. Other diagnoses included thyroid disease, depression, and anxiety. The injured worker ultimately underwent a L4-S1 laminectomy on 2/17/14. Her treatment history included ambulating with a walker, medications, and PT. On June 30, 2014, the physical therapist noted the injured worker only had an air mattress which was disturbing her sleep. A request was made for a [REDACTED] Queen bed and frame. On July 25, 2014 Utilization Review non-certified a prescription for purchase of a [REDACTED] Queen Bed and Frame - Rhapsody.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED]-Queen Bed and Frame-Rhapsody purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic chapter, for Mattress selection

**Decision rationale:** This patient is status post L4-S1 laminectomies on 2/17/14. The current request is for [REDACTED]-Queen Bed and Frame-Rhapsody purchase, per report 6/30/14. The MTUS and ACOEM guidelines do not discuss [REDACTED]-Queen Bed and frame. 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, ODG guidelines states that a 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 as equipment that is primarily and customarily used to serve a medical purpose. ODG definitively states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case the treating physician is not recommending a mattress for the treatment of pressure ulcers and ODG does not support the usage of a mattress for the treatment of low back pain. Recommendation is for denial.