

<b>Case Number:</b>	CM14-0163560		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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] caregiver who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated July 22, 2014, the claims administrator denied a request for an orthopedic mattress for the lumbar spine. In a June 2, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was having difficulty performing basic activities of daily living, it was acknowledged. The applicant was unable to care for herself. The applicant and attending provider sought authorization for home health services to perform activities of daily living and also sought authorization for an orthopedic mattress. The applicant did have derivative complaints of stress, anxiety, and depression, it was acknowledged. The applicant was placed off of work, on total temporary disability. The attending provider suggested that a queen-sized orthopedic mattress be furnished in another section of the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Mattress for Lumbar spine:** 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, 11 Edition (web) , 2014, Low Back Chapter, Mattress Selection, Knee & Leg Chapter, DME

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM V.3 Low Back Devices Sleeping Surfaces

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that applicants should select those sleeping services which are most comfortable for them and that there is, consequently, no recommendation for or against usage of any one particular mattress over the other. Mattresses, pillows, beddings, and other sleeping options, per ACOEM, are articles of applicant preference as opposed to articles of medical necessity. Therefore, the request is not medically necessary.