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| <b>Case Number:</b>   | CM14-0164023 |                              |            |
| <b>Date Assigned:</b> | 10/08/2014   | <b>Date of Injury:</b>       | 03/08/1994 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <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 Emergency Medicine and is licensed to practice in New York. 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 68-year-old female who was injured on March 8, 1994. The patient continued to experience low back pain. Physical examination was notable for tenderness to spinal vertebrae, decreased range of motion to lumbar spine, and decreased sensation to touch bilateral L5-S1 dermatomes. Diagnoses included failed back surgery syndrome, lumbar radiculopathy, and chronic pain. Treatment included medications, spinal cord stimulator, home exercise program, and surgery. Request for authorization for adjustable bed full was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable bed, full:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Durable medical equipment (DME)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back: Lumbar & Thoracic: Mattress selection

**Decision rationale:** 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. The request should not be authorized.