

<b>Case Number:</b>	CM14-0020117		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/03/1999
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 claimant was documented as sustaining an injury in October of 1999. The claimant is documented as being status post cervical fusion and has an inability to lie flat. Other fellows and support devices have been attempted but failed. Multiple clinical documents from 2012 to 2013 indicate neck and upper extremity symptoms with radiculopathy. Conservative measures utilized include Norco and summa. Conservative measures utilized include Norco and Soma. The most recent clinical progress note is from January 2014. This note indicates that the claimant has significant cervical spine pain with radiculopathy in the upper extremities and has an inability lying horizontal position. No physical examination was performed and no imaging studies are reviewed. Orthopedic mattress with a dual adjustable base has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHOPEDIC MATTRESS WITH A DUAL ADJUSTABLE BASE:** 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 and Thoracic, Mattress Selection.

**Decision rationale:** This topic is not addressed by the MTUS. The ACOEM offers no recommendation for or against the use of specific mattresses. The ODG addresses mattress selection in the low back section, but not the neck section. The ODG states 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." The guidelines are very clear when it comes to the topic of mattress selection and, with this, the request is considered not medically necessary.