

<b>Case Number:</b>	CM14-0038134		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/17/1975
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 1975. Thus far, the applicant has been treated with the following analgesic medications, attorney representation, various and sundry interventional spine procedures and antidepressant medications. In a utilization review report dated March 5, 2014, the claims administrator denied a request for Tempur-Pedic mattress. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On November 15, 2013, the applicant was described as having issues with depression and sleep disturbance for which she is using Pristiq and Ativan. She is also using Neurontin, Norco, and Lexapro, it was acknowledged. On February 24, 2014, the attending provider sought authorization for Tempur-Pedic mattress in light of the applicant's persistent complaints of low back pain, sleep disturbance, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempur-pedic mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Mattresses, Water Beds, and Other Sleeping Surfaces.

**Decision rationale:** The California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, there is no recommendation for or against usage of any specific mattresses in the treatment of low back pain. While ACOEM recommends that applicants select those mattresses, pillow, bedding, and/or other sleeping options which are most comfortable for them, this is, per ACOEM, a matter of individual preference as opposed to a matter of payor responsibility. Therefore, the request is not medically necessary.