

<b>Case Number:</b>	CM14-0053345		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/16/1995
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 and Rehabilitation 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 injured worker is a 67-year-old male who reported an injury 03/16/1995. The mechanism of injury was not provided within the medical records. The clinical note dated 06/10/2014 indicated diagnoses of status post bilateral carpal tunnel release, cervical strain, cervical disc disease, lumbar strain, right DeQuervain's tenosynovitis, anxiety/stress, lumbar disc disease, cervicogenic headaches, status post lumbar spine surgery dated 06/19/2012, right L4-5, L5-S1 laminal foraminotomy, and sprain/strain of the right hand long finger. The injured worker reported discomfort in the hands with numbness and tingling and low back pain along with radiation to the lumbar extremities. The claimant reported numbness and weakness to his toes. On physical examination, the injured worker reported double vision and dizziness. There was tenderness at the cervical paravertebral and with restricted range of motion with pain. The side to side tilt was restricted with pain. There was a cervical compression positive test with radicular symptoms in the upper extremities. Examination of the right hand was restricted in flexion and extension. Examination of the bilateral wrist revealed tenderness at the volar aspect on deep palpation. The injured worker had a positive Tinel's sign bilaterally. Examination of the lumbosacral spine revealed tenderness at the L4-5 and L5-S1. The injured worker's lumbosacral spine range of motion revealed flexion of 20 to 25 degrees with pain. The injured worker's knee jerk was 1+ to the right and left, ankle jerk was 1+ bilaterally. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. Medication regimen included Neurontin and Valium. The provider submitted a request for purchase of adjustable bed. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase adjustable bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC/Chapter:Low Back-Lumbar & Thoracic (Acute & Chronic).

**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, Mattress selection.

**Decision rationale:** The Official Disability Guidelines do not recommend to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. (Bergholdt, 2008). Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. 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 documentation submitted did not indicate the injured worker had pressure ulcers. In addition, it is an adjustable bed which has not been indicated. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for purchase of an adjustable bed is not medically necessary and appropriate.