

<b>Case Number:</b>	CM14-0054161		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/21/1975
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 65 year old female with an injury date on 10/21/1975. Based on the 06/13/2013 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine sprain/strain with herniated nucleus pulposus 2. Lumbar spine radiculopathy with chronic pain. According to this report, the patient complains of lumbar spine radiculopathy. Tender to palpation was noted at the lumbar spine with spasm to the paraspinal columns. On the 03/24/2014 report indicates the patient has multi-level 5mm discopathy in the lumbar spine with lateral recess stenosis bilaterally; and anterolisthesis of L4 relative to L5 by 3mm. The patient has difficulty sleeping or staying asleep due to the muscle or radicular pain. There were no other significant findings noted on this report. [REDACTED] is requesting an orthopedic mattress. The utilization review denied the request on 03/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/10/2013 to 03/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Third Edition, Low Back Chapter; ACOEM guidelines, Low Back Disorders chapter 12 (updated 2008); Official

Disability Guidelines (ODG) regarding mattress selection, low back; Aetna Clinical Policy Bulletin: Number: 0543.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Non-MTUS Official Disability Guidelines. ODG-TWC; [http://www.odg-twc.com/odgtwc/low\\_back.htm#Protocols](http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

**Decision rationale:** According to the 06/13/2013 report by [REDACTED] this patient presents with lumbar spine radiculopathy. The physician is requesting an orthopedic mattress. The MTUS and ACOEM Guidelines do not address orthopedic mattress; however, ODG provides some discussion and states; there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Under Durable Medical Equipment, ODG also states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. In this case, an orthopedic mattress is not primarily used for medical purpose and is not medically necessary.