

<b>Case Number:</b>	CM14-0086920		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/28/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Nevada. 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 52-year-old gentleman who was reportedly injured on February 28, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 21, 2013, indicates that there are ongoing complaints of cervical spine pain and lumbar spine pain radiating to the left lower extremity. The physical examination demonstrated mild spasms and tenderness over the cervical and lumbar paravertebral muscles with decreased range of motion in flexion and extension. Decreased sensation was noted in the L4, L5, and S1 left-sided dermatomal distributions. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes work restriction and oral medications. A request was made for a firm mattress for a bed and was not certified in the pre-authorization process on May 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Firm Mattress for 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 Low Back Mattress selection.

**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, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines (ODG) there are no high quality studies to support the purchase of any specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Considering this, this request for a firm mattress for a bed is not medically necessary.