

<b>Case Number:</b>	CM14-0087939		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Preventive 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:

According to the records made available for review, this is a 44-year-old male with a 11/1/08 date of injury, status post L4-5 and L5-S1 laminectomy discectomy in 2008, and status post anterior cervical discectomy and fusion at C3-4, C4-5, and C5-6 6/14/11. At the time (5/8/14) of request for authorization for Purchase Orthopedic Mattress Cervical and Lumbar Spine, there is documentation of subjective (neck pain with associated cervicogenic headaches, pain radiating down to both upper extremities, left greater than right, difficulties sleeping at night due to ongoing neck pain, and severe and debilitating lower back pain which radiates down to both lower extremities) and objective (tenderness to palpation in posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region, multiple trigger bands and taut bands palpated throughout, decreased cervical range of motion, 1+ biceps, triceps and brachioradialis reflexes bilaterally, 5/5 motor strength testing in upper extremities, decreased sensation along right posterior lateral arm and forearm with some weakness on the left triceps, tenderness to palpation about lumbar paravertebral musculature and sciatic notch region, trigger bands and taut bands with tenderness to palpation noted throughout lumbar spine, decreased lumbar range of motion, 1+ patellae deep tendon reflexes bilaterally, Achilles deep tendon reflex 1+ on right and absent on left, decreased motor strength with dorsiflexion of left foot and ankle and extension of great toe, and decreased sensation along posterior lateral thigh and posterior lateral calf bilaterally, left greater than right) findings, current diagnoses (cervical post-laminectomy syndrome, status post anterior cervical discectomy and fusion at C3-4, C4-5, and C5-6 6/14/11, bilateral upper extremity radiculopathy, left greater than right, status post L4-5 and L5-S1 laminectomy discectomy, 2008, positive discogram at L3-4, L4-5, and L5-S1, and medication induced gastritis), and treatment to date (surgery and medications (including Norco, Colace, MS-Contin, Nexium, Lyrica, Senokot S, Amrix, and Lunesta)). Medical report identifies a plan for

orthopedic mattress as the patient continues to have ongoing pain in his neck and lower back and is unable to find a comfortable position in bed, which often exacerbates his neck and low back pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase orthopedic mattress cervical and lumbar spine:** 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:** 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:** MTUS does not address this issue. ODG identifies 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. Therefore, based on guidelines and a review of the evidence, the request for Purchase Orthopedic Mattress Cervical and Lumbar Spine is not medically necessary.