

<b>Case Number:</b>	CM14-0189722		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/31/2007
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 and is licensed to practice in New York. 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 57-year-old female with a date of injury of 05/31/2007. Her mechanism of injury was not included in the medical record. Her diagnoses included cervical radiculopathy, lumbar radiculitis, headaches, depression, and chronic pain. Her past treatments have included physical therapy, epidural steroid injections, trigger point injections, a home exercise program, and a TENS unit. Her diagnostic studies have included an MRI of the lumbar and cervical spine on 04/28/2008. Her surgical history was not included in the medical record. The clinical note dated 11/24/2014 indicated the injured worker had complaints of neck pain radiating down the bilateral upper extremities to her hands and frequent numbness down to her hands. She also had low back pain radiating to the left lower extremity down to the foot with complaints of numbness in the left lower extremity and pain that was aggravated by activity, standing, and walking. She reported pain rated 3/10 on average with medications and 8/10 on average without medications. The injured worker had moderately limited range of motion to the lumbar spine secondary to pain and decreased strength of the extensor muscles along the L4-S1 dermatome in the left lower extremity. The injured worker's medication regimen included Senokot S tablet 8.6/50 mg, tramadol 50 mg, Lidoderm 5% patch, Celebrex 20 mg, Fioricet 50/325/40 mg, Tizanidine 4 mg tablet, Zantac 150 mg, and gabapentin 600 mg. The physician recommended a lumbar epidural transforaminal steroid injection, continuation of her home exercise program, an orthopedic bed/mattress, and a follow-up in 1 month. The rationale for the request was to facilitate positioning for improved sleep quality. The Request for Authorization form is included in medical records, signed and dated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Orthopedic Bed/Mattress for the Lumbar and Cervical Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 request for DME orthopedic bed/mattress for the lumbar and cervical spine is not medically necessary. The injured worker has a history of lumbar and cervical pain. The Official Disability Guidelines state that regarding mattress selection, there are no high quality studies to support the 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. Pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. There is no evidence that the injured worker had a pressure sore, for which a special mattress would be indicated. As the guidelines state that there are no high quality studies and that mattress selection is subjective and depends on personal preference, the mattress would not be indicated at this time. As such, the request for DME orthopedic bed/mattress for the lumbar and cervical spine is not medically necessary.