

<b>Case Number:</b>	CM14-0192441		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/12/2007
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old male with a work injury dated 2/7/07. The patient has diagnoses of history of lumbar laminectomy and discectomy at L5-S1 with a history of developing discitis complications and coagulation negative enterococcus infection with a dural leak with subsequent repair with ongoing back pain and radicular symptoms in his right leg with ongoing neurogenic claudication and cramps in his right leg. (2) Postoperative complication of myocardial infarction with onset of atrial fibrillation. (3) Urinary outlet obstruction following back surgery. (4) Hypogonadism from narcotic use with low testosterone levels. (5) Insomnia due to pain. There is a request for an orthopedic mattress. The patient reports constant pain in his back, radiating in the right leg with burning sensation and persisting weakness. He reports severe cramps in his back and his leg, particularly at night. He states he cannot function without the pain medications. He reports his pain today a 9/10, at best a 4/10 with the medications, a 10/10 without them. He reports 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. He is reporting an increasing difficult time trying to sleep at night. He is asking for a new mattress. He also is asking for authorization for a cane. He states he is having increasing difficult time trying to ambulate and feels that his leg will give out and then he will fall. He states he has been very depressed about his situation lately, but denies any suicidal ideations. Lower back exam reveals limited range. He can forward flex 30 degrees, extend 5 degrees. Palpation reveals muscle spasm in the lumbar trunk with loss of lordotic curvature. Right and left SLRs are both 80 degrees causing him some right-sided back pain that radiates to the right buttock and posterior thigh. He reports altered sensory loss to light touch and pinprick in the right lateral calf, bottom of his foot. There is an absent right Achilles reflex, +1 on the left, +1 at the knees. There is 4/5 weakness in the right lower extremity with right thigh flexion, knee extension, and great toe extension by comparison to the left counterpart.

There is disuse atrophy noted in the right thigh and calf by comparison to the left counterpart. The treatment plan includes resuming his medications. There is a request for a new orthopedic mattress.

### **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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter: 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

**Decision rationale:** Orthopedic mattress is not medically necessary per the ODG Guidelines. The MTUS does not address this request. The ODG states 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. There is no evidence of pressure ulcers needing special support surfaces in the documentation submitted. The documentation does not indicate extenuating factors that would require an orthopedic mattress to be medically necessary. There is no evidence of pressure ulcers needing special support surfaces. The request for an orthopedic mattress is not medically necessary.