

<b>Case Number:</b>	CM14-0208244		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/02/2007
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 2, 2007. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a request for king size orthopedic memory foam mattress. Progress note of October 28, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In an August 22, 2014 initial report, the applicant reported persistent complaints of low back pain. It was acknowledged that the applicant had not worked since January 2007. The applicant stated that he was only able to lift articles weighing up to one to two pounds in weight. The applicant was placed off of work, on total temporary disability. In a September 19, 2014 progress note, lumbar MRI imaging and a king size orthopedic mattress were endorsed owing to ongoing complaints of low back pain. The applicant was apparently sleeping on a pad on the floor, apparently owing to financial constraints. The attending provider stated that the applicant was accustomed to a king size bed and needed a new mattress. Authorization for the same was sought. The applicant was placed off of work, on total temporary disability, in the interim. The applicant was described as using a variety of medications, including morphine, Percocet, tizanidine, Zetia, Tenormin, Lipitor, Cymbalta, Phenergan, Klonopin, Pamelor, insulin, and two separate inhalers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**King Size Orthopedic Memory Foam Mattress for the 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 (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Mattress selection

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that there is no recommendation for or against usage of any one mattress or article of bedding in favor of another. While ACOEM recommends that applicants select those mattresses which are most comfortable for them, ACOEM does not recommend any one commercial mattress over another. The attending provider seemingly sought authorization for the applicant to obtain a new mattress seemingly owing to financial constraints as opposed to for medical reasons. No compelling evidence was furnished to offset the tepid-to-unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.