

<b>Case Number:</b>	CM15-0120861		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric  
 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 injured worker is a 55 year old male who sustained an industrial injury on 8-2-05. He is working full time. The medical records indicate that the injured worker was being treated for mechanical low back pain; degenerative changes of the lumbosacral junction. He currently (5-21-15) is experiencing an exacerbation of low back pain. The physical exam revealed tenderness to the lumbar spine with guarding associated with degenerative disc disease, moderately limited range of motion. Per documentation "he has no cutaneous manifestations of spinal dysraphism and no motor or sensory deficits of the lower extremities. Diagnostics include x-ray (no date but in the 5-21-15 note) showed evidence for degenerative changes in the lumbosacral junction. Treatments to date include physical therapy with benefit for low back pain. In the progress note dated 5-21-15 the treating provider's plan of care included a request for a firm mattress as the injured workers symptoms frequently disrupt his activities of daily living, work-related activities and sleep and MRI of the lumbar spine. On 6-15-15 Utilization Review non-certified the requests for a firm mattress for the lumbar spine; MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Firm 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 and Thoracic (Acute and Chronic): Mattress selection (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Subacute and chronic low back pain: Pharmacologic and noninterventional treatment.

**Decision rationale:** This injured worker has chronic back pain. Studies have shown that mattress firmness can be related to pain related disability and that a medium-firm mattress may be the preferred based upon a European randomized trial. Another randomized study looking at back conforming mattresses (waterbed and foam) with firm mattress showed less pain and improved sleep for the conforming mattresses. The records do not address level of mattress firmness. The worker's pain is being addressed through medications and other treatment modalities. The records do not support the medical necessity of a firm mattress for the lumbar spine. The request is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back- Lumbar and Thoracic (Acute and Chronic) MRI's (Magnetic Resonance Imaging) (2015).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam and in absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The request for lumbar MRI is not medically necessary.