

<b>Case Number:</b>	CM15-0137518		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female sustained an industrial injury on 3/05/98. She subsequently reported back pain. Diagnoses include lumbar and cervical spine radiculopathy. Treatments to date include acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience pain in the lumbar and cervical spine that causes difficulty sleeping at night. Upon examination, cervical and lumbar range of motion was reduced and spasm was noted. Straight leg raising was positive. A request for ortho mattress was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho mattress:** 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 (updated 05/15/15) - Online version.

**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-Lumbar & Thoracic (Acute & Chronic), Mattress selection.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for chronic neck and low back pain. When seen, he was having radiating low back pain, improved with medications from 10/10 to 6/10. He was taking AcipHex for abdominal bloating. There was decreased range of motion and positive Tinel's testing. There was decreased grip strength. 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 are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request was not medically necessary.