

<b>Case Number:</b>	CM15-0198337		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, Florida, 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 injured worker is a 65 year old male, who sustained an industrial injury on 7-27-06. Medical records indicate that the injured worker is undergoing treatment for left hip pain, lumbar spine sprain-strain, bilateral lower extremity radiculopathy, displacement of thoracic or lumbar intervertebral disc without myelopathy, lumbar spinal stenosis and displacement of cervical intervertebral disc. The injured worker was noted to be temporarily totally disabled. On (8-19-15) the injured worker was noted to have had a third left hip revision (8-6-15). The injured worker reported moderate left hip pain. The injured worker had difficulty getting comfortable and difficulty with sleeping due to the left hip pain. Objective findings were not noted. The referenced progress noted was difficult to decipher. Documented treatment and evaluation to date has included medications, home exercise program and three left hip revisions. A current medication list was not provided. The current treatment request is for a sleep number ortho mattress. The Utilization Review documentation dated 9-9-15 non-certified the request for a sleep number ortho mattress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep number 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kovacs FM, Abaira V, Pena A, Martin-Rodriguez JG, Sanchez-Vera M, Ferrer E, Ruano D, Guillen P, Gestoso M, Muriel A, Zamora J, Gil del Real MT, Mufraggi N, Effect of firmness of mattress on chronic non-specific low-back pain: randomised, double-blind, controlled, multicentre trial, Lancet. 2003 Nov 15; 362 (9396): 1599-604. Scientific Department, Kovacs Foundation, Palma de Mallorca, Spain. kovacs@kovacs.org A mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. FDA in 42 CFR 414.202.

**Decision rationale:** A mattress does not meet the definition of Durable Medical Equipment in this case. Such equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use; 2. Is primarily and customarily used to serve a medical purpose; 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. This mattress is not primarily used to serve a medical purpose. Mattresses are household furnishings common to all households, not just injured workers, and the selection as to the firmness of a mattress is a choice a consumer can make at the time of purchase. I therefore am not able to endorse certification and the request is not medically necessary.