

<b>Case Number:</b>	CM15-0204974		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 57 year old male who sustained an industrial injury on 9-29-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc displacement without myelopathy, degeneration lumbar lumbosacral disc, and long term use of medication. Subjective complaints (9-25-15) include low back pain, numbness in both thighs, pain worse in the morning, difficulty sleeping due to an old mattress, that is over 10 years old and he experiences increases in back pain in the morning hours, and it sometimes takes approximately 20 minutes to wake and get out of bed due to stiffness and pain. Objective findings (9-25-15) include decreased sensation in the dermatome: L2, L3, L4, L5, positive straight leg raise, spasm and guarding of the lumbar spine, pain with facet joint loading and pain with extension of 10 degrees. Work status noted, is that he continues to have back pain and has not been able to return to work and he has not worked since the date of the injury. Previous treatment includes physical therapy, epidural steroid injection, and medication. A request for authorization is dated 10-12-15. On 10-14-15, the requested treatment of one sleep number mattress was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One sleep number mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** ODG guidelines do not support that there are any high quality study to support the purchase of any type of specialized beddings for the treatment of low back pain. ODG guidelines support that a special mattress may be considered for treatment of pressure ulcers, but an adjustable bed does not fall in that category. The medical records provided for review do not indicate a pressure ulcer and does not indicate physical exam findings such as weakness or loss of function in an upper extremity to support need for an adjustable bed for the insured to enter or rise from the bed. As such, the medical necessity of sleep number mattress bed is not demonstrated.