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| <b>Case Number:</b>   | CM15-0209643 |                              |            |
| <b>Date Assigned:</b> | 10/28/2015   | <b>Date of Injury:</b>       | 07/19/2012 |
| <b>Decision Date:</b> | 12/09/2015   | <b>UR Denial Date:</b>       | 10/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2015 |

### 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:

This injured worker is a 47 year old female who reported an industrial injury on 7-19-2012. Her diagnoses, and or impressions, were noted to include: multi-level cervical disc desiccation with diffuse disc protrusions, and retrolisthesis; mild bilateral carpal tunnel syndrome, status post right carpal tunnel release; cervical facet arthropathy and radiculopathy; cervicgia; headaches and migraines; and chronic pain. No current imaging studies were noted; MRI of the cervical spine was said to have been done on 10-1-2012; and electrodiagnostic studies of the upper extremities were said to have been done on 8-17-2012. Her treatments were noted to include: an Urgent Care visit for dizziness; seen by a qualified medical examiner on 3-13-2015; a medical-legal treating physicians initial consultation on 4-15-2015; cervical epidural steroid injections (5-30-14) - with 50-80% improvement; physical therapy; acupuncture treatments - with 80% improvement; medication management; and modified work duties. The progress notes of 9-14-2015 reported: worsened neck pain, rated 6-8 out of 10, with numbness-tingling, that radiated down the bilateral upper extremities-hands, left > right, aggravated by activity and movement; and improved with medications; bilateral lower extremity-knee pain, aggravated by activity; ongoing frontal and occipital migraine headaches; and that her pain interfered with her activities of daily living, functioning and sleep. The objective findings were noted to include: moderate distress; cervical spinal vertebral tenderness over the cervical spine and paravertebral area, with moderately limited range-of-motion due to pain, and decreased strength in the bilateral extensor and flexor muscles. The physician's requests for treatment were noted to include an orthopedic bed to facilitate positioning for improved sleep quality. No Request for Authorization for an orthopedic bed was noted in the medical records provided. The Utilization Review of 10-15-2015 non-certified the request for an orthopedic bed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pmed/12661384](http://www.ncbi.nlm.nih.gov/pmed/12661384), Audit of orthopedic bed utilization.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Mattresses and Other Medical Treatment Guidelines Kovacs FM, Abreira 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](mailto:kovacs@kovacs.org) A mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain.

**Decision rationale:** This claimant was injured in 2012. The diagnoses were multi level cervical disc desiccation with degenerative disc protrusions, retrolisthesis, mild bilateral CTS, post right carpal tunnel release, and headache. There is worsening neck pain. The orthopedic bed would facilitate position for improved sleep quality. The MTUS are silent on Orthopedic Beds. The ODG only speaks to the mattresses on beds, noting: A recent clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability. A mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) An orthopedic bed provides elevation of the head, or the feet, for comfort measures. It is not clear why pillows at home would not serve the same function or why it is clinically essential to care. The request is non-certified. Therefore, the requested treatment is not medically necessary.