

<b>Case Number:</b>	CM15-0212614		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 is a 50 year old male with a date of injury of August 2, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, right L5 lumbar radiculopathy, and trigger points of the lumbar spine. Medical records dated July 11, 2015 indicate that the injured worker complained of lumbar spine pain radiating to the lower extremities rated at a level of 5 to 7 out of 10. Records also indicate that the injured worker's activities of daily living were not limited due to the injury. A progress note dated October 16, 2015 documented complaints of radiating lumbar spine pain rated at a level of 10 out of 10. Records also indicate that the injured worker had limitations with showering and dressing. The physical exam dated July 11, 2015 reveals a normal gait pattern, tenderness to palpation over the lumbar paraspinals and quadratus lumborum, decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, and diminished sensation in the L4-L5 pattern bilaterally. The progress note dated October 16, 2015 documented a physical examination that showed similar findings to those documented on July 11, 2015 along with six trigger points noted in the lumbar spine, and tenderness to palpation of the groin area. Treatment has included trigger point injections, and medications (Percocet, Neurontin, and Omeprazole). Magnetic resonance imaging of the lumbar spine August 8, 2014) showed lumbar disc protrusions, central canal narrowing, annular fissure, and multilevel facet hypertrophic changes. The utilization review (October 28, 2015) non-certified a 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 Aetna.

**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 sustained a work injury in August 2013 when he was walking and holding a box and he tripped and fell on the sidewalk. He sustained a left rib fracture. He has a pre-injury history of lumbar spine surgery in 1995. He has ongoing back and leg pain. Treatments referenced include medications, physical therapy, acupuncture, and epidural injections. Lumbar spine surgery is being recommended pending weight loss. In March 2015 his body mass index was over 40. When seen in October 2015 he was having stabbing lumbar pain which was much worse than previously. He was having radiating pain. Pain was rated at 10/10. Nothing was helping and everything was worsening his pain. Physical examination findings included lumbar paraspinal muscle tenderness with trigger points. There was groin tenderness. He had decreased and painful lumbar spine range of motion. Right straight leg raising was positive. There was decreased lower extremity sensation. He was noted to have a normal gait pattern. Trigger point injections were performed. Medications were refilled. An orthopedic bed was requested. Pressure ulcers, for example, due to a spinal cord injury, may be treated by special support surfaces including beds, mattresses and cushions that are 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 is not considered medically necessary.