

<b>Case Number:</b>	CM15-0089395		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old male, who sustained an industrial injury on 07/29/2013. He reported worsening lumbar spine pain and an injury to his left knee while performing his usual and customary duties. The injured worker is currently temporarily partially disabled and working with restrictions. The injured worker is currently diagnosed as having lumbosacral sprain and left knee sprain. Treatment and diagnostics to date has included physical therapy, knee brace, back support, lumbar spine MRI, electromyography/nerve conduction studies, and medications. In a progress note dated 01/12/2015, the injured worker presented with complaints of lumbar spine and left knee pain. Objective findings include limited range of motion to lumbar spine. The treating physician reported requesting authorization for orthopedic mattress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Orthopedic 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 Low Back Chapter - Mattress Selection.

**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:** MTUS does not discuss mattress selection. ODG states that there are no high quality studies to support the purchase of any particular type of specialized mattress or bedding for low back pain. Thus the requested mattress is not considered to be medical equipment. Therefore, the request is not medically necessary.