

<b>Case Number:</b>	CM14-0133250		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old female who reported injury on 01/29/2009. The mechanism of injury was the injured worker was leaning over a food counter to serve a student in the cafeteria. The injured worker's treatment history included CT of the lumbar spine, MRI of the lumbar spine, Narcotic medications, physical therapy, nerve blocks, injections, and epidural steroid injections. The injured worker was evaluated on 07/22/2014 and it was documented the injured worker reported increased low back pain, along with cramping. She reported that she has had no pain medication for the last month, due to insurance denials. She reported that her pain was radiating from her low back down to her left and right hips, left greater than right. She continued to see the surgeon because she was approved for lumbar surgery on 07/29/2014. She often reported nausea and constipation as a result of her medications. The pain without medication was a 10/10 and with medication it is an 8/10. Medications prescribed are keeping the injured worker functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. On examination of the lumbar spine, there was tenderness to palpation along the paraspinals at L2-3. The sitting straight leg raise test was positive on the right/left. Diagnoses included hypertension, diabetes, restless leg syndrome, depression, anxiety, thyroid disease, and GERD. The Request for Authorization dated 08/04/2014 was for an adjustable bed. The rationale was the injured worker had lumbar surgery on 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable bed purchase, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition.

**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:** The requested adjustable bed purchase, QTY #1 is not medically necessary. According to the Official Disability Guidelines (ODG) do not recommend to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. Another 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. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure.) The guidelines allow the purchase/rental of durable medical equipment (DME) which is medically reasonable and necessary. As such, the request for an adjustable bed purchase is not medically necessary.