

<b>Case Number:</b>	CM14-0177581		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/13/2001
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 62-year-old man who sustained a work-related injury on March 13, 2001. The 20, the patient developed with chronic back pain. The patient was diagnosed with lumbosacral radiculopathy. According to a progress report dated on August 15, 2014, the patient was complaining of low back pain is increased at night and upon awakening in the morning. Physical examination demonstrated lumbar tenderness with reduced range of motion, antalgic gait, and muscle spasm. The patient was treated with pain medication including Norco and Lunesta. His lumbar CT scan on performed on April 21, 2014 demonstrated postoperative changes. An MRI of the lumbar spine performed on October 1, 2012 demonstrated the moderate disc disease. The provider request authorization for orthopaedic mattress for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Orthopaedic Mattress for The Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Mattress selection, [http://worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm](http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm).

**Decision rationale:** According to Official Disability Guidelines (ODG) guidelines, in the section of mattress selection: Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed ( ) and a body-contour foam mattress ( ) 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. (Bergholdt, 2008) 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. (Kovacs, 2003) 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 the 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 (McInnes, 2011). Based on the above, there is no strong evidence and studies to support the use of an orthopedic mattress for the treatment of back pain. Therefore, the prescription of Orthopaedic Mattress for the lumbar spine is not medically necessary.