

<b>Case Number:</b>	CM14-0172589		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on 8-30-10. The injured worker was diagnosed as having lumbar postlaminectomy syndrome; thoracic or lumbosacral neuritis or radiculitis NOS; mood disorder in conditions classified elsewhere; anxiety disorder in conditions classified elsewhere. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-4-14 indicated the injured worker is in the office as a follow-up appointment. He complains of lower back pain. The provider documents "Patient rates his pain as 9 out of 10 with 0 being no pain and 10 having the worst pain possible. The pain is characterized as aching, dull, sharp, and throbbing. It radiates to the right leg; described as moderate-to-severe. Condition is associated with numbness. He states medications are helping. Medication side-effects include drowsiness. He tolerates the medications well. Patient shows no evidence of developing medication dependency. The level of sleep for the injured worker remains unchanged since last visit." On physical examination, the provider documents "Lumbar: On palpation, paravertebral muscles, spasm, tenderness and tight muscles band is noted on the right side. Patient cannot walk on heel, can't walk on toes. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the right side at 60 degrees in sitting position. Tenderness notes over the sacroiliac spine. On sensory examination, light touch sensation is decreased over medial calf, lateral calf on the right side." The treatment plan includes medication refills and awaiting an AME in September. In review of prior PR-2 notes there is no mention of the "Posturepedic bed" only that the injured worker has difficulty with sleeping. A Request for Authorization is dated 3-27-15. A Utilization Review letter is dated 10-13-14 and non-certification for Posturepedic bed, for the lumbar spine. A request for authorization has been received for Posturepedic bed, for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Posturepedic bed, 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/Treatment in Workers' Compensation - Low Back.

**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 chapter and pg 64.

**Decision rationale:** According to the guidelines, mattress selection is not recommended due to minimal differences in symptoms with varied mattress types. The progress notes does not justify the need for a Posturepedic bed. The request for the bed is not a medical necessity.