

<b>Case Number:</b>	CM14-0210845		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 54 year old female with date of injury 03/1/12. The treating physician report dated 11/11/14 (90) indicates that the patient presents with low back pain. The physical examination findings reveal of the lumbar spine that ROM allowing for 45 degrees of flexion at the hips with forward reach to the knees, extension of 20 degrees, and lateral bending of 30 degrees bilaterally. Straight leg raise is negative bilaterally. Neurologic exam of the lower extremities remains intact with regard to motor strength, sensation and deep tendon reflexes. The current diagnoses are: 1.L2 to S1 fusion 2.L2-3 retained posterior hardware 3.T12-L2 spondylosis 4.Facet arthropathy The utilization review report dated 11/20/14 denied the request for a mattress based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Firm Mattress with [REDACTED] Flexibility and Bed Frame:** 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, (ODG-TWC), Low Back-Thoracic

**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, Mattress

**Decision rationale:** The patient presents with back pain. The current request is for Firm Mattress with [REDACTED] Flexibility and Bed Frame. The treating physician states that, "she is having so much difficulty sleeping (due to pain)." MTUS does not contain any discussions for an orthopedic mattress, nor does ACOEM. Official Disability Guidelines does provide discussion and states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Under Durable Medical Equipment, Official Disability Guidelines also states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, an orthopedic mattress is not primarily used for medical purpose. Therefore, this request is not medically necessary.