

<b>Case Number:</b>	CM15-0014090		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/17/1994
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California, Arizona

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 64-year-old female who reported an injury on 10/17/1994. The mechanism of injury was not provided. The injured worker underwent an anterior cervical discectomy and fusion in 1999. Documentation of 12/16/2014 revealed the injured worker had a recent increase in neck pain and stiffness that was a 7/10 to 8/10. The pain radiated into the bilateral shoulders and bilateral upper extremities. The injured worker indicated she had not been sleeping well as the current mattress that was provided through her [REDACTED] carrier broke down over the years since he received it. It was not working and the injured worker denied new injuries or recent accidents. The injured worker's medications included Tylenol No. 3, Amrix, Celebrex, and Lidoderm patches. Examination revealed tenderness over the posterior cervical paraspinals and upper trapezius musculature bilaterally where muscle spasms and myofascial trigger points were noted. The injured worker had decreased range of motion of the cervical spine. The injured worker had increased neck pain on the extremes of extension and right/left rotation in the cervical spine. The diagnoses included status post anterior cervical discectomy and fusion, cervical stenosis with degenerative arthritis at C4-5, chronic impingement syndrome right shoulder, and multiple triggering fingers at both hands. The request was made for a new dry support orthopedic mattress as the old mattress had broken down.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Dry Pressure 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-Lumbar & Thoracic (Acute & Chronic)(McInnes, 2011)

**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 Selection, Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines indicate that there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for pain. Mattress selection is subjective and depends on personal preference and individual factors. Additionally, they indicate that pressure ulcers may be treated by special supporting surfaces designed to redistribute pressure. Mattresses are considered durable medical equipment. As such, the durable medical equipment guidelines were referenced. The Official Disability Guidelines indicate that durable medical equipment is equipment which can withstand repeated use, as in could be rented, is primarily and customarily used to serve a medical purpose, is generally not useful to an injured worker in the absence of illness or injury, and is appropriate for use in the injured worker's home. The clinical documentation submitted for review indicated that the injured worker had previously been supplied a mattress. However, there was a lack of documentation to support that a mattress is primarily and customarily used to serve a medical purpose and is not useful to an injured worker in the absence of illness or injury. Given the above and the lack of documentation, the request for 1 dry pressure orthopedic mattress is not medically necessary.