

<b>Case Number:</b>	CM15-0110592		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

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 56 year old female who sustained an industrial injury on May 22, 1997. She has reported pain in her low back, bilateral hips, and bilateral legs and has been diagnosed with L3-4, L4-5 disc bulge with radiculopathy. Treatment has included aqua therapy, medications, injection, physical therapy, and acupuncture. There was tenderness, spasm, and tightness in the paralumbar musculature. Range of motion was reduced with end range of motion to about 20 degrees of forward flexion and 5 degrees of extension. Lateral bending to the left and right was 10 degrees. Reflexes are 2/2 in knee and ankle jerks. Straight leg raise was positive at 50 to 55 degrees. The treatment request included an orthopedic mattress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 - 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) Chapter Low Back, Ortho Mattress, pages 459-460.

**Decision rationale:** Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for specialized bed. Per Medicare criteria for hospital bed coverage, a bed may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. MTUS/ACOEM Guidelines do not address orthopedic mattress; however, ODG does not recommend specialized mattresses for spinal injuries especially for unchanged chronic spinal pain, acute new injury, or progressive neurological deterioration. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The Orthopedic Mattress is not medically necessary or appropriate.