

Case Number:	CM15-0113154		
Date Assigned:	06/19/2015	Date of Injury:	09/01/2009
Decision Date:	08/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 60 year old male with an industrial injury dated 09/01/2009. The injury is documented as occurring when he was lifting trash causing a sharp pain in his right lower back. His diagnosis was low back pain. Co-morbid diagnoses included sleep apnea on CPAP, type II diabetes, hepatitis C and hypertension. Prior treatment included physical therapy, diagnostics and medications. He presented on 05/20/2015 complaining of low back pain. The discomfort is most prominent in the mid and lower lumbar spine. Associated symptoms include stiffness that is persistent, paravertebral muscle spasm and 4-5/10 constant back pain. Physical exam noted tenderness in the lumbar 3-5 area. Straight leg raise test was positive bilaterally. The request is for sleep number bed mattress and foundation for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Number bed mattress and foundation for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. In this case, the claimant is undergoing therapy and receiving medications which have more proven benefit for long-term back pain than a particular mattress selection. The request for a Sleep number bed is not medically necessary.