

<b>Case Number:</b>	CM15-0122378		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/26/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 50 year old female who sustained an industrial injury on 04/26/2009. She reported involvement in a motor vehicle accident and injury to her back. The injured worker was diagnosed as having: 1. Displacement of thoracic or lumbar intervertebral disc without myelopathy; 2. Degeneration of thoracic or lumbar intervertebral disc; 3. Thoracic or lumbosacral neuritis or radiculitis, unspecified; 4. Post laminectomy syndrome of lumbar region. Treatment to date has included a total of three back surgeries. The first surgery was a spinal fusion (2012) and a second surgery was done due to infection. She developed severe left lower extremity pain and weakness. Currently, the injured worker complains of low back pain, difficulty sleeping. Her current medications include Norco, Prilosec and Neurontin. The objective findings in the cervical spine are pain in the trapezius and myospasms with decreased range of movement. The treatment plan includes refills of her medications, monitoring of complicity by random urine sampling, an Electromyogram /Nerve Conduction Velocity testing of the bilateral upper extremities, continue home care, obtain an x-ray of the cervical spine, and request an orthopedic mattress. She is to finish 1-2 sessions of rehab then progress to a home exercise program. A request for authorization was made for 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, Treatment Index, 11th Edition (web), 2014, Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 05/15/15), 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) Low Back/ Mattress Selection.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and do not recommend purchase of a particular type of mattress for low back pain. The Guidelines state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. There are no unusual circumstances to justify an exception to the Guidelines. The Orthopedic mattress is not supported by Guidelines and is not medically necessary.