

<b>Case Number:</b>	CM15-0125828		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 9, 1999. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for an orthopedic mattress for the lumbar spine. The claims administrator referenced an RFA form dated June 12, 2015 and an associated progress note dated May 11, 2015 in its determination. The applicant's attorney subsequently appealed. On June 20, 2015, the applicant reported 8/10 low back pain. The applicant had ancillary issues with coronary artery disease, it was reported. The applicant was using a cane to move about, it was reported. The applicant's medication list included AcipHex, OxyContin, baclofen, Ambien, Percocet, senna, Viagra, and Zanaflex, it was reported. The applicant's BMI was 38. The applicant was described as severely obese. Multiple medications were renewed. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Large portions of the progress note were difficult to follow as it mingled historical issues with current issues. On March 17, 2015, the applicant again reported ongoing complaints of low back pain. Multiple medications, permanent work restrictions, aquatic therapy, weight loss program, and electrodiagnostic testing were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Mattress (Lumbar Spine): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th Annual Edition) Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed. Chronic Pain, pgs. 861-8622.

**Decision rationale:** No, the proposed orthopedic mattress for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of mattresses. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds, mattresses, pillows, and/or commercial sleep bags are not recommended in the treatment of chronic pain syndrome, as there are no quality studies, which established that provision of such devices, are effective in preventing or treating chronic low back pain. Here, the attending provider failed to furnish a compelling rationale for provision of the mattress in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.