

<b>Case Number:</b>	CM15-0178874		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 15, 2003. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve requests for a mattress and bed. The claims administrator referenced an August 5, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated August 28, 2015, the applicant reported ongoing complaints of psychological stress and tension. The note was difficult to follow and not altogether legible. The applicant was apparently intending to go on a cruise to Mexico, it was reported. The applicant was given a refill of Wellbutrin and asked to remain off of work from a mental health standpoint. On an RFA form dated August 5, 2015, Norco, Motrin, urine drug testing, a replacement orthopedic bed, and a new mattress were seemingly sought. In an associated progress note of the same date, August 5, 2015 it was acknowledged that the applicant was not working owing to ongoing complaints of low back pain. The replacement bed was seemingly endorsed. The applicant was using Norco and Motrin, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase - [REDACTED] full-size mattress, adjustable base with massager's head, foot: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page 861-862.

**Decision rationale:** No, the request for a full-size mattress with an associated adjustable base was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of mattresses and bedding. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products such as the full-sized mattress at issue are not recommended for chronic pain syndromes as there is no quality evidence that any specific commercial product has a role in the treatment of chronic low back pain, i.e., the diagnosis reportedly present here. Therefore, the request was not medically necessary.

**Purchase - White glove delivery services, head, foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, page 861-862.

**Decision rationale:** Similarly, the request for White Glove delivery services to provide a bed head and foot was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for a mattress. Since that request was deemed not medically necessary above, the derivative or companion request for associated delivery services and provision of bed head and foot was likewise not indicated. Therefore, the request was not medically necessary.