

<b>Case Number:</b>	CM15-0027441		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 63 year old female who sustained an industrial related injury on 8/22/13. The injured worker had complaints of pain in the low back, bilateral upper extremities, bilateral shoulders, and bilateral knees. Diagnoses included knee pain and shoulder pain. Medications included MS Contin, Norco, Naprosyn, and Xanax. Treatment included a right wrist flexor tenosynovectomy, right carpal tunnel release, and physical therapy. The treating physician requested authorization for a sleep number bed (queen size). On 2/10/15 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted specialty mattresses are generally not recommended by state of federal programs because they do not represent medical treatment. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Number Bed (Queen Size): 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 Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, Mattress selection.

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulder, lower back and upper/ lower extremities. The request is for SLEEP NUMBER BED. Per 1/12/15 progress report, the patient is s/p 2 disc surgeries in 1989 and 1992. The patient is waiting for shoulder surgery, bilateral carpal release and knee surgery. MTUS and ACOEM are silent on beds. ODG does provide some guidance in the Low Back chapter, Mattress selection, that states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, there is lack of support from the guidelines for purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request IS NOT medically necessary.