

Case Number:	CM13-0019485		
Date Assigned:	10/11/2013	Date of Injury:	11/30/2004
Decision Date:	11/02/2015	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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: Emergency 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 is a 61-year-old male with an industrial injury date of 11-30-2004. Medical record review indicates he is being treated for lumbar spine sprain-strain syndrome, status post lumbar 4-5 and lumbar 5-sacral 1 interbody fusion (1995), right lower extremity radiculopathy, status post interbody fusion at lumbar 1-2, lumbar 2-3 and lumbar 3-4 (October 2006), reactionary depression-anxiety, erectile dysfunction, industrially related and medication induced gastritis. Subjective complaints (08-02-2013) include ongoing back pain and radicular symptoms into the lower extremities. The treating physician documented the symptoms had "gotten significantly worse." "The patient is having difficulty ambulating, weight bearing, especially sleeping." "Unfortunately, the patient continues to sleep poorly at night which he attributes to his existing orthopedic mattress and is requesting to replace the mattress since he will often develop flare up of his low back pain the following morning, when he sleeps poorly." "His bed is very uncomfortable and causes him significant axial back pain at night." Objective findings (08-02-2013) document an antalgic gait "favoring the left lower extremity with an obvious foot drop." Physical examination of the posterior cervical musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. Other findings were "numerous" trigger points which were palpable and tender throughout the lumbar paraspinal muscles, with obvious muscle guarding noted with gentle range of motion. Lumbar spine examination revealed tenderness to palpation bilaterally with increased muscle rigidity. Other findings were numerous trigger points which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. Sensory examination is documented (Wartenberg pinwheel) was decreased along the posterolateral thigh and posterolateral calf bilaterally in the approximate lumbar 5-sacral 1 distribution. His medications included MS Contin, OxyContin, Norco, Valium, Protonix,

Wellbutrin, Zofran, Cialis, and Delatestryl injection, FexMid, Cymbalta, Trazodone, Savella, Lexapro and Androgel. Prior treatment included spinal cord stimulator, epidural injections, pain medications, muscle relaxers and anti-depressants. The treatment request is for purchase of a Sealy Posturepedic Mattress (Orthopedic Mattress) for injury related to the lumbar spine. On 08-20-2013 the request for a purchase of a Sealy Posturepedic Mattress (Orthopedic Mattress) for injury related to the lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Sealy Posturepedic Mattress (Orthopedic Mattress) for injury related to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

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 - Thoracic and Lumbar, Mattress Selection.

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have applicable sections related to this issue. Official Disability Guide(ODG) do not recommend any specific mattress, cushioning or bedding since there are no good evidence to support any specific type. Most selection appears to be due to personal preference. A mattress is not medical equipment and is not medically necessary.