

<b>Case Number:</b>	CM13-0046845		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/1991
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 63 year old female who sustained an industrial injury on 5-9-91. The diagnosis is noted as postlaminectomy syndrome of lumbar region. In a note dated 4-24-13, the physician reports the injured worker is seen this date for intrathecal pump refill. She is reporting numbness in both feet. She continues to have poor sleep habits (2-4 hours per night) due to pain and numbness. Her pain is rated at 9 out of 10 at its worst and 6 out of 10 at best. Pain is noted to be in the low back L3-L5, bilateral hips, right leg, right foot, left leg and left foot. Pain is described as aching, continuous, dull, numbing, pins and needles, tingling and numbness and activity exacerbates it. An operative report dated 8-9-13 notes the procedure performed is intrathecal pump refill. In a physician letter dated 5-1-13, it is noted the injured worker has a diagnosis of failed back surgery and is a candidate for another back surgery for loose hardware in her back. The recommendation is a Tempur-Cloud bed with massage. It is reported she gets 2-4 hours sleep per night, cannot lie on her stomach due to an implanted pump and is not comfortable on her back because of her multiple bony prominences and back pain. It is noted she sleeps on her side which is causing increased numbness in both feet, muscle spasms and stiffness. The requested treatment of a purchase of a Tempur-Cloud Bed for symptoms related to the lumbar spine was non-certified on 9-25-13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Purchase of a Tempur-Cloud Bed for symptoms 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, Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back,%20Table%20,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Activity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Mattress selection.

**Decision rationale:** The request is for a Tempur-Cloud Bed for symptoms related to the lumbar spine. Bed rest has been used as a treatment for acute low back pain; however, debilitation and irritation can result from prolonged bed rest. The most severe cases of low back pain can be treated with one to two days of bed rest, but bed rest is not advisable as routine treatment. Bed rest may lead to a slower recovery and result in longer periods of sick leave. Bed rest has potential debilitating effects, and its efficacy in treating acute low back pain is unproven. Maintaining ordinary activity, as tolerated, leads to the most rapid recovery. While documentation suggests the injured worker is unable to sleep in the supine position, per the Official Disability Guidelines, "there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors." Consideration may be made for an injured worker at risk for pressure ulcers, such as being bed-bound due to spinal cord injury. However, there is no clear medical benefit to any one mattress for low back pain. Therefore, the request as submitted is not medically necessary.