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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 3, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sealy Posturepedic Mattress set medium firm

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D. Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter low back, mattress

06/29/11, 07/27/11 Peer reviews

07/27/09, 06/04/10 MRI lumbar spine reports

08/05/09, 09/18/09, 11/30/09, 09/15/10, 01/14/11, 03/02/11, 04/15/11, 06/17/11 chiro office notes

Dr. office notes 09//28/09, 11/23/09, 04/07/10, 05/12/10 , 04/06/11, 08/04/11

CT lumbar spine report 10/07/09

09/22/09, 04/29/10 electromyography reports

Operative reports 10/29/09, 10/26/10, 05/03/11, 06/28/11

Dr. office notes 08/18/10

Lumbar myelogram report 07/20/10

Lumbar discogram report 10/12/10

Dr. office note 04/18/11

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post L4-5 and L5-S1 fusion on 10/26/10. The claimant underwent hardware blocks on 05/03/11. On 06/28/11, the claimant underwent exploration of the lumbar fusion and removal of posterior instrumentation. Dr. evaluated the claimant on 08/04/11 for complaints of low back and left foot numbness and tingling. Straight leg raise was positive on the left. Medications, physical therapy and an MRI were recommended. A mattress has been requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

There is no medical necessity for the requested Sealy Posturepedic Mattress set medium firm. This claimant was status post lumbar fusion in 2010 and recently underwent removal of hardware in 2011. As noted by evidence-based 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. Based on review of the medical records, there is no medical necessity for Sealy Posturepedic Mattress set medium firm.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter low back, mattress

Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. ([Bergholdt, 2008](#)) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. ([Kovacs, 2003](#)) 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.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)