

Case Number:	CM13-0059724		
Date Assigned:	12/30/2013	Date of Injury:	01/01/1975
Decision Date:	06/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old retired policeman who was injured during a riot on January 1, 1975, when he was hit in the neck by a thrown piece of concrete. He never fully recovered from the initial insult and over the next few years he developed a painful low back condition secondary to the daily rigors of the job to go along with his chronic neck pain. He has had numerous consultations over the years, and received years of chiropractic treatment along with an orthopedic evaluation that suggested he was a good candidate for a spinal fusion from L2-S1. He has taken multiple medications over the years including Vicodin, Vicodin Extra Strength, Celebrex and ibuprofen at the same time, gabapentin, Naprosyn and the muscle relaxant Tizanidine. He has had three low back epidural steroid injections (EPI) that provided only marginal and temporary relief. There have been different notations of levels of pain in the cervical and lumbar region, as well as range of motion by different examiners ranging from orthopedists to chiropractors, but it is generally acknowledged that he is in considerable pain when he has to stand or sit for more than an hour. Multiple MRI's and x-rays to his C-spine and L-spine have revealed multilevel discogenic disease in the cervical and lumbar spine, combined with central canal stenosis and L4-5 and L5-S1 stenosis of neural foramina resulting in bilateral lower extremity radiculitis. He has received physical therapy, but no mention of a strengthening, stretching and core-hardening program, either at home or at a gym, with some degree of guidance and supervision. He has gained weight because of his decreased mobility, and this also contributes to his low back symptomatology. He also has an anterolisthesis of L4 on L5, and has received traction in this area, which may worsen the anterolisthesis. Requests were made for: 1. a [REDACTED] office chair [REDACTED] and 2. A [REDACTED] home chair plus one foot stool by [REDACTED]. Both requests were non-certified pending information on efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] **OFFICE CHAIR** [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ergonomics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not specifically address orthopedic support chairs. They do note that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) states that exercise is effective but ergonomic interventions (shoe inserts, back supports, ergonomic/back education, and reduced lifting programs) are not effective in preventing back problems. Therefore, there is no documented medical necessity in the record for a [REDACTED] Office Chair.

1 [REDACTED] **HOME CHAIR PLUS ONE FOOT STOOL BY** [REDACTED]
[REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ergonomics.

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