

Case Number:	CM13-0061011		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2012
Decision Date:	03/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 11, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, muscle relaxants and psychological counseling. In a utilization review report of November 6, 2013, the claims administrator denied a request for two ergonomic evaluations, citing non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines. No clear rationale for the denial was provided and the full text of the guidelines used to make the denial was likewise not provided. In an April 8, 2013 progress note, the applicant states that she would like to re-enter the workplace, albeit at a different worksite. In a medical legal evaluation of August 9, 2013, the medical legal evaluator writes that the applicant was apparently returned to modified work on May 31, 2013 at a rate of six hours a day, three shifts per week. It was stated that an ergonomic evaluation was requested so that the applicant could continue to increase work hours. On October 25, 2013, the applicant is described as having heightened pain when sitting in her chair all day toward the end of a workday. It is stated that having a good chair and an ergonomic evaluation would minimize her discomfort and keep her pain at a lower level. The applicant has returned to regular duty work without any formal limitations on this date. An earlier note of October 28, 2013 is again notable for comments that the applicant has both physical and psychological injuries sustained as a result of the industrial motor vehicle accident. The applicant again notes that there are issues with her workstation and that she performs a lengthy amount of computer work.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for two outpatient ergonomic visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 8, repetitive motions, workstation position, and misadjustment of computer terminals as well as awkward use of laptop computers are common causes of neck symptoms. In this case, the applicant does have longstanding neck complaints which would benefit from possible ergonomic modification of the applicant's work station, particularly in light of the fact that the applicant is reporting that misposition and/or misalignment of her computer, chair, and other equipment are contributing to her symptoms. It is further noted that the MTUS Guideline in ACOEM Chapter 8, Table 8-5 explicitly recommends adjustment or modifications of workstations and work methods to ameliorate neck symptoms, as are present here. For all of the stated reasons, then the original utilization review decision is overturned. The request is certified, on independent medical review.