

<b>Case Number:</b>	CM14-0124973		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Injured worker is a 44 year old male with a date of injury on 11/01/2006. The injured worker is status post cervical fusion and lumbar decompression in 2008 and certified for cervical hardware removal in 2014. Subjective complaints are of pain in the neck and low back. Physical exam showed intrascapular, neck and low back tenderness and decreased range of motion. Treatments have included physical therapy, medication, chiropractic, and psychotherapy. Request is for a reclining chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Reclining Chair - Cervical Spine, Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Durable Medical Equipment (DME)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Durable Medical Equipment (DME)

**Decision rationale:** The ODG states that "medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment, but

environmental modifications are considered not primarily medical in nature." For this injured worker, a recliner following cervical surgery is not necessary, as proper positioning could be accomplished without this piece of furniture. Therefore, the medical necessity of a recliner is not established. The request for a Reclining Chair is not medically necessary.