

<b>Case Number:</b>	CM14-0167314		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/26/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar discectomy surgery; unspecified amounts of physical therapy; and reported return to restricted duty work. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a zero-gravity chair. In an August 22, 2014 progress note, the applicant reported ongoing complaints of low back pain with associated stiffness. The applicant was doing home exercises. The applicant exhibited some stiffness but did nevertheless ambulate a while without any significant limp and had no reproducible lower extremity weakness. The applicant was given 30-pound lifting limitation. Authorization was sought for a zero-gravity chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zero Gravity Chair:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 82.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 5, page 82 does suggest seeking practical and simple accommodations for applicants such as work station adjustment, task alignment, load, and/or seating, the article at issue here, in this case, however, it does not appear that the chair in question is intended for use at the workplace. Rather, it appears that the attending provider is seeking authorization for a specialized chair for the applicant to use at home. This is not an ACOEM-endorsed role for specialized seating requests. Therefore, the request is not medically necessary.