

Case Number:	CM14-0032368		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2013
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicinal and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 26 year old female who reported an injury to her neck and low back regions. MRI of the lumbar spine dated 9/3/13 revealed a small central protrusion at the L5-S1 level with an annular fissuring of the intervertebral disc. No central canal or neuroforaminal stenosis was identified at this level. The clinical note dated 9/9/13 indicates the injured worker stating the initial injury occurred when she was wrestling with a combative shop lifter when he punched her repeatedly in the face, arms, hips, and legs. The note indicates the injured worker complaining of a burning and tingling sensation at the right shoulder with radiation of pain into the hands and fingers. The injured worker stated that she is unable to sleep on the right side. The note indicates the injured worker utilizing Lidoderm patches, gabapentin, Tylenol with codeine, Percocet, Norco, and Soma. Range of motion deficits were identified throughout the right shoulder. Strength deficits were also identified. The clinical note dated 10/30/13 indicates the injured worker having complaints of right sided headaches along with neck pain. The progress note dated 12/20/13 indicates the injured worker complaining of radiating pain from the low back into the right lower extremity all the way to the foot. The injured worker also demonstrated 4+/5 strength at the right psoas, right quadriceps, and tibialis anterior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The documentation indicates the injured worker complaining of pain at several sites along with strength deficits in the lower extremities. An ergonomic evaluation would be indicated provided the injured worker demonstrates significant functional deficits directly related to the work place setting. No information was submitted regarding the injured worker's current work status. No information was submitted regarding the need for an ergonomic evaluation outside of a formal physical therapy setting. Given these factors, the request is not indicated as medically necessary.