MAXIMUS Federal Services

Case Number:	CM14-0073465		
Date Assigned:	07/16/2014	Date of Injury:	09/05/1999
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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:

This is a 67-year-old male with a 9/5/99 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 5/8/14, the patient complained of increased lower back pain and down his leg. He has been trying to use whatever technique he can to control his pain besides overly using pain medications. According to a progress note dated 4/1/14, the patient stated that he had purchased a chair in May of 2013 that has been very helpful and allows him to sit for extended periods of time. In this specific chair, he is able to sit up to an hour at a time without pain, whereas in a normal chair he can only sit for 5-10 minutes. He primarily uses the chair for sitting at his computer for paying bills, shopping, communication, and hobbies. Objective findings: no recent panic attacks or major depressive flairs. Diagnostic impression: myofascial pain syndrome, status post lumbar fusion, lumbar spondylosis, lumbar radiculopathy. Treatment to date: medication management, activity modification, myofascial therapy, surgery.A UR decision dated 5/15/14 denied the request for Naugahyde chair with executive headrest. There is no clear rationale provided for the requested chair. There is no indication that the Naugahyde chair can address the low back complaints. The submitted records do not outline specific safety limitations which would require the use of a specialized device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Naugahyde chair with executive headrest 05/25/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue cross of California Medical policy Durable medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Ergonomic Interventions.

Decision rationale: CA MTUS does not address this issue. ODG states that studies concluded there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of Low Back Pain. On the other hand, for improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions are not effective, including stress management; shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. Furthermore, ODG states that DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. According to the reports reviewed, the chair being requested is being used for personal use and not for a specific medical necessity. The patient is utilizing the chair for personal use at his computer. There is no documentation that other interventions have been ineffective in relieving his back pain. In addition, the requested chair is not intended to improve return-to-work outcomes as the patient has been instructed to permanently remain off work. Therefore, the request for Retrospective: Naugahyde chair with executive headrest 05/25/13is not medically necessary.