

Case Number:	CM14-0097006		
Date Assigned:	07/28/2014	Date of Injury:	05/24/2010
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 cumulative trauma at work between the dates of September 6, 1998 through May 24, 2010. The applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; earlier trigger thumb release surgery; adjuvant medications; and reported return to restricted duty work. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for ergonomic evaluation of the applicant's workstation and an ergonomic chair. The applicant's attorney subsequently appealed. In a progress note dated May 7, 2014, the applicant reported persistent complaints of low back pain. Earlier epidural steroid injection therapy was unsuccessful, it was stated. The applicant also reported issues with reflux attributed to ongoing Voltaren usage. The applicant was returned to modified duty work, it was stated. It was stated that the applicant was working in a "clerical" role. The applicant was reportedly working with said limitation in place. Voltaren and Prilosec were renewed. The applicant was asked to start Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation of the work station: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 11, page 262, the employer's role in accommodating activity limitations and preventing further problems through "ergonomic changes" is key to hastening the employee's return to full activity. In this case, the applicant did, in fact, allege development of thumb and low back pain secondary to cumulative trauma at work. Thus, there may be some ergonomic component to the applicant's complaints. Contrary to what was suggested by the claims administrator, the applicant is apparently working in an alternate/clerical role at present. Obtaining an ergonomic evaluation to prevent "further problems" is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.

Ergonomic chair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 1, page 9: "All seatings should be fully adjustable to accommodate workers of different heights and body habits." The attending provider's documentation, while handwritten and difficult to follow did suggest that there was some ergonomic element to the applicant's complaints. Contrary to what was suggested by the claims administrator, the applicant is currently working in a clerical role, in an alternate capacity. Provision of an ergonomic chair to ameliorate some of the applicant's complaints of workstation-induced thumb and back pain is therefore indicated. Accordingly, the request is medically necessary.