

Case Number:	CM14-0192695		
Date Assigned:	11/26/2014	Date of Injury:	09/12/2012
Decision Date:	01/14/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Medicine and Rehabilitation 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 patient is a 50 year old male with date of injury 9/12/12 suffered while installing cable when cable caddy became stuck. The treating physician report dated 7/24/14 (46) indicates that the patient presents with pain affecting the low back and right leg. The requesting treating physician report was not found in the documents provided nor was it referenced in the UR report dated 10/15/14. The treating physician reports dated 6/23/14 and 7/24/14 were the only legible reports provided. The physical examination findings reveal a painful range of motion, no neurological deficit and no infection. Prior treatment history includes prescribed medications including Norco and Zanaflex. No evidence of any other prior treatments or MRI findings were included in the documents provided. The current diagnosis is: 1. Lumbar discectomy with slow recovery. The utilization review report dated 10/15/14 denied the request for Purchase of High/Low Work Station, Electric for the lumbar spine based on a lack of high quality medical evidence or guidelines supporting any particular seating/desk system and has not been established as needed to complete activities of daily living in the home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of High/Low work station, electric for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The patient presents with pain affecting the low back and right leg. The current request is for a Purchase of High/Low Work Station, Electric for the lumbar spine. The requesting treating physician's report was not in the documents provided. The report was not referenced by the UR physician either. The MTUS guidelines do not address changeable workstations. ACOEM guidelines page 301 states, "Activities causing an increase in low back symptoms should be reviewed with the patient and modifications advised. Driving, workstation positions, repetitive motions, and other activities (that may or may not be obvious to the patient) may require modification." In this case there is no documented medical rationale to support why a changeable workstation is needed. The treating physician failed to address why the patient cannot use a normal workstation and the ACOEM guidelines do not support the request. The request is not medically necessary.