

<b>Case Number:</b>	CM14-0198410		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/21/1985
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 an industrial injury of May 21, 1985. In a Utilization Review Report dated November 5, 2014, and the claims administrator denied a recliner chair for the lumbar spine. The claims administrator referenced an October 30, 2014 progress note in its denial. The claims administrator invoked non-MTUS ODG Guidelines for the Knee and Leg Chapter. The claims administrator alluded to the applicant's having completed 12 sessions of physical therapy and 18 sessions of manipulative therapy. The claims administrator alluded to the applicant's using Zonegran, Klonopin, Percocet, Tizanidine, Lamictal, Proscar, and Zoloft. The applicant's attorney subsequently appealed. In a progress note dated October 2, 2014, the applicant reported ongoing complaints of low back pain, highly variable, 6-9/10. The applicant was in the process of taking a new position as a biology teacher. The applicant stated that his wife had been deemed disabled. Additional acupuncture was sought. The applicant's medication denials were appealed. The applicant's work status was reportedly unchanged. On October 21, 2014, the applicant reported ongoing complaints of knee pain. The applicant was contemplating further viscosupplementation injections, it was stated. On October 10, 2014, the attending provider appealed previously denied pain medications. The remainder of the file was surveyed on several occasions. The October 30, 2014 progress note and October 31, 2014 RFA form on which the article in question was sought were seemingly not incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recliner Chair for Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Knee & Leg Chapter

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 1, page 9 does note that all seating should be fully adjustable to accommodate applicants of different heights and body habits, in this case, however, it was not clearly stated whether the recliner chair was intended for home use or work use. It was not clearly stated what precisely was inadequate or unsatisfactory about the applicant's current workplace seating. While it is acknowledged that the October 30, 2014 progress note and October 31, 2014 RFA form on which the article in question were sought were not seemingly incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.