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| Case Number: | CM15-0106840 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 11/26/2002 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 60 year old female who sustained an industrial injury on November 26, 2002. She has reported low back pain and has been diagnosed with lumbar disc disease and lumbar facet syndrome. Treatment has included medication and physical therapy. There was diffuse tenderness to palpation noted over the paravertebral musculature. There was moderated to severe facet tenderness to palpation noted over the L4-S1 levels. There was low back pain with supine straight leg raising test. There was decreased range of motion. The treatment request included an orthopedic mattress and ergonomic evaluation of workstation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Lumbar & Thoracic (Acute & Chronic) Mattress selection. ODG Knee & Leg (Acute & Chronic) Durable medical equipment (DME).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address the request for a mattress. Official Disability Guidelines (ODG) state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Durable medical equipment (DME) is defined as equipment which is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury. The pain management report dated 1/23/15 documented the diagnoses of lumbar disc disease and lumbar facet syndrome. The primary treating physician's progress report dated 4/21/15 documented lumbar tenderness. The request for a mattress is not supported by ODG guidelines. Therefore, the request for orthopedic mattress is not medically necessary.

Ergonomic evaluation of workstation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Ergonomics interventions.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses ergonomics. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention indicates that different strategies are needed to prevent first episodes of symptoms or activity limitations, to prevent recurrent episodes, to prevent or reduce lost workdays due to injury, to prevent chronic disability, and to reduce or prevent medical care utilization and its associated cost. The primary prevention of work-related disorders depends on the reduction or elimination of exposure to factors causally associated with those disorders in individuals susceptible to such stressors. In the past, emphasis has been placed on risk factors that are physical in nature, such as force, repetition, posture, vibration, lighting, terminal design, and posture. The primary prevention of work-related complaints thus depends on reducing exposure to physical, personal, and psychosocial stressors. For example, engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost-effective measures in the long run. Several general principles are important to prevent musculoskeletal disorders and visual fatigue or injury. These include protection from hazards via engineering controls (effective barriers to hazards), use of personal protective equipment, administrative controls, and adjustment of workstations, tasks, and tools to the individual worker's size and physiologic and work capacity. Person-job fit is a basic principle that may markedly reduce occupational health concerns and the costs of lost productivity due to illness and injury as well as related medical costs. The same principles are used either to engineer jobs so that they fit many people or to adapt a job, task, or workstation to a specific person. Jobs and workstations should be designed so that they fit most worker capacities. Workstations, equipment, or task components should be adjustable for workers of different stature, strength, and endurance to ensure a match between each worker and his or her tasks, thereby avoiding discomfort, loss of productivity, and injury. Management practices and psychosocial factors as they relate to person-job fit also

should be assessed. Official Disability Guidelines (ODG) indicates that ergonomics interventions are recommended as an option as part of a return-to-work program for injured workers. For improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. The pain management report dated 1/23/15 documented the diagnoses of lumbar disc disease and lumbar facet syndrome. The primary treating physician's progress report dated 4/21/15 documented lumbar tenderness. MTUS, ACOEM, and ODG guidelines support the request for an ergonomic evaluation of workstation. Therefore, the request for ergonomic evaluation of workstation is medically necessary.