

<b>Case Number:</b>	CM15-0019369		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female with a reported date of injury of 10/17/2011. The mechanism of injury included being attacked by an inmate and kicked her right knee, she twisted her right ankle, right shoulder, neck and low back. This occurred on 02/17/2011. On 10/17/2011, female inmate grabber her around her neck and hung by her arms around the injured worker's neck. Her diagnoses included cervical disc disease, cervical radiculopathy, status post left shoulder arthroplasty, right shoulder impingement, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Her surgical history included left shoulder surgery in 2013. Her medications include Aleve and Relafen. The progress report of 11/26/2014 documented the injured worker had complaints of neck and low back pain that she rates on a pain scale at 4/10. Her neck pain was traveling to the right upper extremity, and the low back pain was radiating to the left lower extremity. She received a C4-5 transfacet epidural steroid injection on 09/22/2014 and a left L5-S1 transforaminal epidural steroid injection on 10/27/2015. She received 50% to 60% improvement in her low back pain with decreased radicular symptoms, decreased numbness and tingling, and increased range of motion. She received 60% to 70% improvement her neck pain with decreased headache, increased range of motion and able to sleep better.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic high back chair with neck support:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5-16.

**Decision rationale:** The request for ergonomic high back chair with neck support is not medically necessary. The ACOEM Guidelines state 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. Personal protective equipment also can be an effective strategy for primary prevention. Primary preventive strategies based on maintaining activity and flexibility, such as exercise breaks for workers performing assembly tasks or a scheduled rotation of tasks, appear to be low in cost and generally effective based on physiologic principles. Strategies that improve work organization and management also should be addressed. 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. ACOEM Guidelines recommend proper use of ergonomic equipment; however, ergonomics was not a cause of the injured worker's injury. There is a lack of documentation of the injured worker having a permanent work station. Therefore, the request for ergonomic high back chair with neck support is not medically necessary.