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| Case Number: | CM15-0160975 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 03/14/2013 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: 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 54 year old female who sustained an industrial injury on March 14, 2013. The worker was employed as a claims examiner for an insurance company. The accident was described as while working standing over the supervisor's desk she bent over tuned and twisted feeling an immediate onset of low back pain. On August 18, 2015 she underwent diagnostic nerve conduction study of bilateral lower extremities that revealed chronic left L4 radiculopathy; chronic right L5 or L4 radiculopathy and absent right tibial H-reflexes which may suggest right radiculopathy. At a follow up dated June 05, 2015, there is mention of pending authorization to obtain an ergonomic chair for work setting. She is working a modified work duty. The request for diagnostic nerve conduction study was noted at follow up on April 24, 2015 checking for the extend of nerve injury and damage at L2 and possibly L-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic Chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Durable Medical Equipment.

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

Decision rationale: The patient presents with lower back pain that is radiating down both legs. The request is for ERGONOMIC CHAIR. The request for authorization is not provided. The patient is status post bilateral posterior transpedicular screw and rod fixation. MRI of the lumbar spine, 03/19/15, shows Grade I intramuscular edema is present in the dorsal paraspinous musculature bilaterally spanning the L4 through S3 levels; L2-3: a 3 mm right lateral listhesis of L2 on L3 is present with severe loss of disk space height, disk desiccation, vacuum phenomenon, anterior inferior L2 modic endplate marrow degenerative change, and there is also anterior and left-sided endplate marrow edema, a 5 mm anterior spondylosis is present, a 3 mm posterior broad-based disk extrusion is unchanged and in conjunction with ligamentum flavum hypertrophy results in moderate spinal canal stenosis with crowding and encroachment of the intrathecal nerve roots. Patient's medications include Mobic, Lyrica and Ambien. Per progress report dated 07/17/15, the patient is on sedentary work. ACOEM, Chapter: 11, page 262, states, "The clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. 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 some cases it may be desirable to conduct a detailed ergonomic analysis of activities that may be contributing to the symptoms. A broad range of ergonomic surveys and instruments is available for measuring range of activity, strain, weights, reach, frequency of motion, flexion, and extension, as well as psychological factors such as organizational relationships and job satisfaction. Such detailed measures may be necessary or useful for modifying activity, for redesigning the workstation, or for suggesting organizational and management relief. Such cases may call for referral to a certified human factors engineer or ergonomist, either through the patient or the employer." Per progress report dated 08/28/15, the patient's reason for the request is "I think an ergonomic evaluation at the workstation may help to ease some of the stress that the back is seeing at this point" In this case, the patient continues with low back pain. It appears the patient is recommending an Ergonomic Chair to facilitate recovery and prevent recurrence. ACOEM supports accommodating patients to prevent further problems through ergonomic changes. Therefore, the request IS medically necessary.