

<b>Case Number:</b>	CM15-0167340		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38-year-old female sustained an industrial injury to the neck and right upper extremity on 1-30-14. X-rays of the cervical spine were normal with no evidence of instability. X-rays of bilateral wrists showed no acute abnormalities. Previous treatment included physical therapy, facet blocks, occipital nerve block, home exercise and medications. In a PR-2 dated 7-27-15, the injured worker complained of ongoing neck pain. The injured worker reported that the initial benefit she had following facet block and third occipital nerve block lasted for three weeks but the pain had now returned. The injured worker also complained of more numbness and tingling in the right upper extremity and pain along the lateral forearm into the first three fingers. Physical exam was remarkable for tenderness to palpation at right C4-5, C5-6 and C6-7 and right wrist joint with positive Tinel and Phalen signs. Current diagnoses included cervical spine sprain and strain, bilateral upper extremity tendonitis, wrist sprain and strain with bilateral de Quervain's tenosynovitis, ulnar impaction syndrome and presumed right sided facet mediated pain with cervicogenic headaches. The treatment plan consisted of electrodiagnostic testing, magnetic resonance imaging cervical spine and an ergonomic workstation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic workstation:** Overturned

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

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

**Decision rationale:** The ACOEM chapter on prevention states: Prevention of work-related health complaints should be a top priority for occupational health professionals. Diagnosis and treatment of workers presenting with work-related health problems represent an opportunity to prevent recurrences in those workers (tertiary prevention), to mitigate the effects of current work-related hazards so as to reduce the duration of the problem (secondary prevention), and to prevent the same problems in coworkers and those in similar jobs (primary prevention). The request is for an ergonomic workstation. The patient has the diagnosis of cervical neck pain. The use of an ergonomic workstation would benefit in the prevention of further pain and recurrence. Therefore, the request is medically necessary.