

Case Number:	CM15-0201239		
Date Assigned:	10/16/2015	Date of Injury:	04/21/2014
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is represented 49-year-old who has filed a claim for chronic neck, low back, mid back, and knee pain reportedly associated with an industrial injury of April 21, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for a head support for a chair at an ergonomic workstation. The claims administrator referenced a September 17, 2015 office visit in its determination. The claims administrator apparently based its decision on an unfavorable ODG position on ergonomics, while acknowledging, somewhat incongruously, that the MTUS Guideline in ACOEM Chapter 1 was more permissive towards ergonomics. The claims administrator then stated the attending provider failed to make a compelling case for the device. On September 17, 2015, the applicant reported ongoing issues with neck, mid back, low back and bilateral knee pain. The attending provider stated that the applicant did not have appropriate head support at her chair at work. Tenderness associated about the cervical and thoracic spine was appreciated. Head support for an ergonomic work station was sought. The attending provider then stated, somewhat incongruously, that the applicant would remain on total temporary disability, unless her employer was able to accommodate the suggested limitations. The note was very difficult to follow and seemingly internally inconsistent at times. On a separate note, not clearly dated, faxed on August 17, 2015, the applicant reported some improvement in complaints of neck, mid back, and low back pain. The attending provider suggested that the applicant had been moved to a different workstation, but had not been furnished with a head rest at the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Head support for chair at ergonomic station: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter (updated 6/25/15) Ergonomics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the proposed head support for chair at an ergonomic workstation was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 82, occupational health professionals can assist by suggesting practical and simple accommodations to include workstation alignment, seating, support, and, by implication, the head support at issue here. The attending provider's documentation of progress notes of August and September 2015 did seemingly suggest that the applicant did not have adequate head support at chair at work. Provision of a head support, i.e., a simple workplace accommodation, was, thus, indicated and in-line with the MTUS Guideline in ACOEM Chapter 5, page 82. Therefore, the request was medically necessary.