

<b>Case Number:</b>	CM15-0216206		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	11/04/1999
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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

Certification(s)/Specialty: Emergency 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 56-year-old male who sustained an industrial injury on 11-04-1999. According to a progress report dated 08-04-2015, the injured worker was still having difficulty with the spinal cord stimulator implant. The unit was not functional. He reported that when he turned it on, he got a shock. He was able to get in a comfortable position in a recliner, but the recliner was no longer functional. The reclined position was the only position that would relieve his symptoms at home. With the recliner, he was able to get in to a comfortable position and was able to decrease some of his medications. He wanted Workers' Compensation to help replace the recliner as medical treatment. Current medications included Elavil, Lidoderm patches, Voltaren 1% gel, Ibuprofen and Norco. He had pain with forward flexion and with twisting. Diagnoses included history of lumbar fusion instrument removal on 09-24-2003, low back pain with postsurgical changes of the lumbar spine from L3-L4 to L5-S1 with fusion of the disk spaces and left laminectomy at the L4-L5 and L5-S1 region and postoperative fibrosis in the region of the laminectomy at L5-S1 enhancement of the left exiting L4 nerve root L4-L5, left sided sacroiliac joint syndrome, depression due to chronic pain, right knee pain and spinal cord stimulation trial December 2014 with successful results. According to progress report dated 10-07-2015, the injured worker reported that he was doing "very well". Since the reprogramming, he had gotten off of the opiates. He was just using Elavil at nighttime to help him sleep. He was not using other medications. Pain level was down to 3 out of 10. He was "very happy". He reported that he purchased a recliner chair that was called a Crandell Reclina-Rocker chair. He used it for everything. Many times, he slept on it and throughout the day, he spent time on it. When he was sitting on it, he was very comfortable. He was able to maintain his level of pain control. Current medications included Elavil, Lidoderm patches, Voltaren 1% gel and Ibuprofen. He was walking on a treadmill a mile and a half every day. Authorization was being requested for recliner chair. On 10-27-2015, Utilization Review non-certified the request for reclining chair.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Reclining chair:** 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, Ergonomics interventions.

**Decision rationale:** The requested Reclining chair is not medically necessary. CA MTUS and ODG are silent on this specific issue, and Official Disability Guidelines, Low Back, Ergonomics interventions, Recommended as an option as part of a return-to-work program for injured workers. But there is conflicting evidence for prevention, so case by case recommendations are necessary (some literature support in low back though conflicting evidence, lack of risk). This study concluded there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of LBP. (Linton, 2001) On the other hand, for improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. (Anema, 2004) (Anema, 2007) This recent randomized controlled trial with over 500 workers in an occupational setting provided no evidence for the adoption of a worksite back pain prevention program for LBP (including individually tailored education and training, plus advice on ergonomic adjustment of the workplace). (Ijzelenberg, 2007) Training workers about proper material handling techniques or providing them with assistive devices are not effective interventions by themselves in preventing back pain. (Martimo-Cochrane, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. The injured worker has chronic pain, right knee pain and spinal cord stimulation trial December 2014 with successful results. According to progress report dated 10-07-2015, the injured worker reported that he was doing "very well". Since the reprogramming, he had gotten off the opiates. He was just using Elavil at nighttime to help him sleep. He was not using other medications. Pain level was down to 3 out of 10. He was "very happy". He reported that he purchased a recliner chair that was called a Crandell Reclina-Rocker chair. He used it for everything. Many times, he slept on it and throughout the day, he spent time on it. When he was sitting on it, he was very comfortable. He was able to maintain his level of pain control. The treating physician has not documented objective evidence of functional improvement from use of such a device, the medical necessity for its use, not medical literature supporting its use. The criteria noted above not having been met, reclining chair is not medically necessary.