

Case Number:	CM15-0034398		
Date Assigned:	03/02/2015	Date of Injury:	08/05/2013
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 79 year old female, who sustained an industrial injury on 8/5/13. On 2/23/15, the injured worker submitted an application for IMR for review of Orthopedically correct chair. The treating provider has reported the injured worker complained of constant pain in the lumbar spine and needed medication refills. The diagnoses have included lumbar spine discopathy; lumbago; sprain/strain ankle foot unspecified; fracture right long finger, intraarticular. Treatment to date has included physical therapy; TENS unit, lumbar spine brace; right ankle brace; foot injection; pool therapy; MRI lumbar spine (1/13/14) and left foot & ankle (1/13/14); x-ray right hand - right long finger (1/8/14)medications. On 1/28/15 Utilization Review non-certified Orthopedically correct chair. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedically correct chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Ergonomics Interventions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: Orthopedic chairs can be considered a form of ergonomic lumbar support. ACOEM states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states, not recommended for prevention, Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 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. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) ODG states for use as a Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The patient is well beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. Additionally, the treating physician has not provided any ergonomic evaluation that would necessitate the use of the request chair. As such, the request for Orthopedically correct chair is not medically necessary.