

<b>Case Number:</b>	CM15-0053333		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Pain Management

### 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 66 year old male, who sustained an industrial injury on 2/11/2009. Diagnoses have included post laminectomy syndrome with back and bilateral leg pain, status post reconstruction L3 through L5 for burst fracture of L4, anterior interbody fusion L5-S1 and neuropathic pain of the lower extremities. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and surgery. According to the progress report dated 11/21/2014, the injured worker complained of back pain and pain in the bilateral lower extremities. The injured worker reported being able to walk about 100 yards before having to stop because of lower extremity pain. Lumbar range of motion was limited. The treatment plan was for a spinal cord stimulator trial. Authorization was requested for a motorized scooter, a Tempurpedic mattress or similar type and an ergonomic desk chair for lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Power Mobility Devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Powered Mobility Devices Page(s): 99.

**Decision rationale:** Regarding the request for an electric scooter, the Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Within the documentation available for review, the notes indicate that the patient is able to ambulate independently for short distances. The patient does not appear to have limitation in upper extremity strength, and a discussion or trial of a manual wheelchair was not addressed. As such, the current request is not medically necessary.

**Tempurpedic Mattress or Similar type:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Power Mobility Devices (PMDs).

**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 Pain Chapter, Mattress selection.

**Decision rationale:** Regarding the request for a Tempurpedic Mattress, the California MTUS do not contain criteria for the selection of a specific mattress type. The ODG state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the current request is not medically necessary.

**Ergonomic Desk, Chair, for Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Power Mobility Devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6. Decision based on Non-MTUS Citation OSHA, Workstation Components, Chair [https://www.osha.gov/SLTC/etools/computerworkstations/components\\_chair.html](https://www.osha.gov/SLTC/etools/computerworkstations/components_chair.html).

**Decision rationale:** Regarding the request for workstation ergonomic evaluation and modification, Occupational Medicine Practice Guidelines state that engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost effective measure in the long run. OSHA states that "A chair that is well-designed and appropriately adjusted is an essential element of a safe and productive computer workstation. A good chair provides necessary support

to the back, legs, buttocks, and arms, while reducing exposures to awkward postures, contact stress, and forceful exertions. Increased adjustability ensures a better fit for the user, provides adequate support in a variety of sitting postures, and allows variability of sitting positions throughout the workday. This is particularly important if the chair has multiple users. To ensure that the chair will provide adequate support, it is important that you try out different chairs before purchasing one. The following parts of the chair are important elements to consider in creating a safe and productive workstation: Backrest, Seat, Armrest, Base." Within the documentation available for review, the patient has severe low back pain and lumbar post-laminectomy syndrome. It is unclear exactly what ergonomic problems are present at the patient's worksite, as an ergonomic evaluation has not been carried out to identify poor workstation ergonomics. Given this, this request is not medically necessary.