

Case Number:	CM15-0080251		
Date Assigned:	05/01/2015	Date of Injury:	08/15/2012
Decision Date:	06/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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, California
 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:

The injured worker is a 44-year-old female, who sustained an industrial injury on 8/15/12. She reported head and low back pain. The injured worker was diagnosed as having chronic lumbar back pain, headache, contusion of the back, post-concussion syndrome, and morbid obesity. Treatment to date has included physical therapy including aqua therapy, a Cortisone injection, and medications. Currently, the injured worker complains of back pain. The treating physician noted the injured worker was using a chair at work that did not have lumbar support or arm rests. The treating physician requested authorization for an ergonomic chair for work. Per the doctor's note, dated 3/24/15 patient had complaints of low back pain at 5-6/10. The patient has had. Physical examination revealed morbid obesity, protuberant abdomen and lumbar lordosis. The review of system was positive for weight gain, muscle weakness, joint stiffness and swelling, weakness and back pain. The medication list include Norco, Cymbalta, Prozac and Hydrochlorthiazide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic chair for work: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp., online Edition Low Back (updated 05/15/15) Ergonomics interventions. Back chapter does not address this request completely. Chapter: Knee & Leg (updated 05/05/15) Durable medical equipment (DME).

Decision rationale: Ergonomic chair for work. ACOEM do not address this request. Therefore ODG used. As per cited guidelines, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) "Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature." The rationale for requesting a specialized Ergonomic Chair was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Ergonomic chair for work is not fully established for this patient. This request is not medically necessary.