

<b>Case Number:</b>	CM14-0123930		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/01/1997
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working atleast 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 a represented [REDACTED] employee who has filed a claim for chronic low back pain, fibromyalgia, anxiety, depression, and psychological stress reportedly associated with an industrial injury of September 1, 1997. In a Utilization Review Report dated July 17, 2014, the claims administrator denied a request for a [REDACTED] camp seat and cushion and also denied a hemoglobin A1C on the grounds that the attending provider had reportedly failed to document the presence or suspicion of diabetes. In a June 30, 2014 progress note, the applicant reported persistent multifocal pain complaints. The applicant stated that she believed she had issues with fibromyalgia. The attending provider suggested that the applicant would remain "100% disabled" until the applicant receive a [REDACTED] camp seat, [REDACTED] travel cushion, and ergonomically-appropriate home workstation. The applicant did have a history of arthralgia's, fatigue, hypotension, and weight loss, it was suggested. The attending provider posited that the travel cushion in question was needed to ameliorate the applicant's ability to perform activities of daily living as driving was exacerbating her back pain complaints. In an earlier note dated April 24, 2014, the applicant's work status was not furnished. The applicant was attending physical therapy, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 [REDACTED] Camp Seats:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 9, suggests that seating should be fully adjustable to accommodate employees of different heights and body habits, in this case, however, the applicant is not working. The applicant is off of work, on total temporary disability. The [REDACTED] camp seats are apparently intended for personal convenience purposes and do not seemingly serve a medical role and medical purpose here, particularly as they do not appear to be intended for workplace usage. Therefore, the request is not medically necessary.

**1 [REDACTED] Travel Cushion:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 9, "damping cushions" and padding are recommended to combat issues associated with exposure to vibration, such as that from motor vehicle operation. In this case, the attending provider has posited that the applicant is exposed to motor vehicle vibration while performing personal tasks. Provision of a [REDACTED] travel cushion to help dampen the vibration associated with performing such task is indicated. Therefore, the request is medically necessary.

**1 Hemoglobin A1C:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes(Type 1, 2, and Gestational)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 396-397, an attending provider should exercise "some medical judgment" in evaluating for comorbidities such as endocrine disorders, asthma, and depression. In this case, the applicant has a variety of multifocal pain complaints, issues with poor energy level, malaise, fibromyalgia, anxiety, etc. The presentation, thus, is potentially suggestive of other possible endocrine disorders such as diabetes for which a hemoglobin A1C would help in diagnosing. Therefore, the request is medically necessary.