

Case Number:	CM14-0087326		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2010
Decision Date:	09/25/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, Kentucky and California. 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/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 injured worker is a 47 year old female who was injured on 12/03/10 due to reported cumulative trauma. The injured worker complains of low back pain and right hip pain and is diagnosed with lumbago and enthesopathy of the hip. Treatment has consisted of medication management, trigger point injections, land based physical therapy and pool therapy. Clinical note dated 05/13/14 states the injured worker has been cleared to return to full duty and is working full time. This note includes a request for an ergonomics evaluation. Most recent clinical note dated 06/02/14 notes the ergonomics evaluation has not yet been performed. Physical examination on this dated reveals circumscribed lumbar paraspinal bilateral trigger points with twitch response and referred pain upon palpation of the lumbar spine. It is noted radiculopathy is not present and straight leg raise (SLR) is negative. Treatment plan includes transcutaneous electrical nerve stimulation (TENS) unit rental, MRI of the lumbar spine, and a sit stand station. A prescription for the sit stand work station dated 06/02/14 notes this treatment option was recommended by agreed medical evaluation (AME). Records include an AME dated 12/12/13. This evaluation notes the injured worker feels her lower spine problems are related to poor ergonomics (especially the chair) at work. This report further states, it is not inconceivable that prolonged sitting, particular in a nonergonomic chair/work environment would lead to back discomfort. This evaluation does not clearly include a recommendation for a sit stand work station. A request for a sit and stand work station was submitted on 06/03/14 and denied by utilization review (UR) dated 06/10/14. The UR states the request is premature as the ergonomics evaluation has not yet been conducted. The records submitted for review do not include an ergonomics evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sit and Stand Workstation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Occupational Medical Practice Guidelines- 2nd EditionPg 262.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medical Practice Guidelines, page 262; Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, section on Ergonomics interventions.

Decision rationale: The request for a sit to stand work station is not recommended as medically necessary. American College of Occupational and Environmental Medicine (ACOEM) states ergonomic redesign of the workplace includes conducting a detailed ergonomic analysis of activities that may be contributing to the symptoms. Records indicate an ergonomic evaluation of the workplace has been requested and approved; however, as of previous utilization review dated 06/10/14, this evaluation had not been performed. The submitted medical records did not include such an evaluation. As such, medical necessity of a sit to stand work station is not established.