

Case Number:	CM14-0143319		
Date Assigned:	09/10/2014	Date of Injury:	08/27/1997
Decision Date:	03/24/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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. 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

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 70-year-old female who reported an injury on 08/27/1997. The injury reportedly occurred when she was working on foot patrol and pulled some people off the street and “wrenched” her back. She is diagnosed with lumbar radiculopathy. Her past treatments have included physical therapy, medications, and needling in the lower back. Her symptoms include low back pain with radiating symptoms to the right lower extremity. Her physical examination findings included a positive straight leg raise on the right, normal sensation, mild facet loading maneuvers in the lumbar spine, and normal motor strength of the bilateral lower extremities. A request was received for an ergonomic chair purchase. However, a rationale for this treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic chair purchase: 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) - TWC low back procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Ergonomics interventions.

Decision rationale: According to the Official Disability Guidelines, ergonomic interventions are recommended as an option as part of a return to work program for injured workers, but there is conflicting evidence regarding effectiveness. The clinical information submitted for review indicated that the injured worker suffered an injury to her lower back in 1997. The documentation also shows that she retired from her job as a police officer in 2000. Recent documentation shows that she continued with low back pain and radiating symptoms into the right lower extremity, which were described as mild in nature within the most recent office note. Her pain rating was 3/10. A rationale for the requested ergonomic chair purchase was not provided within the submitted medical records. Additionally, the injured worker was noted to have retired in the year 2000, and the guidelines state ergonomic interventions are only recommended as an option as a part of a return to work program. Therefore, it is unclear how the requested ergonomic chair would benefit the injured worker at this time. As such, the request is not medically necessary.