

Case Number:	CM15-0067927		
Date Assigned:	04/15/2015	Date of Injury:	12/06/2010
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 48 year old male, who sustained an industrial injury on December 6, 2010. He reported left arm, head, neck and back pain, fright, frustration and anxiety. The injured worker was diagnosed as having post-traumatic stress disorder and depression. Treatment to date has included diagnostic studies, chiropractic care, physical therapy, conservative treatments, pain medications and work restrictions. Currently, the injured worker complains of left eye, back of the head, mid back to the left calf, left arm pain, numbness in the left hand and numbness in the left foot, depression, anxiety and sexual dysfunction. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He reported working as a peace officer when being attacked by two individuals and beaten with crowbars. He was treated conservatively without complete resolution of the pain. Evaluation on February 2, 2015, revealed continued pain as noted. An adjustable chair was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of adjustable chair with adjustable arm rests and tilt of chair component for work Qty: 1: 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 Lumbar & Thoracic, Ergonomic Intervention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME Purchase-Other-Adjustable Chair.

Decision rationale: According to the ODG DME purchase is recommended as an option as part of a return-to-work program for injured workers. But there is conflicting evidence for prevention, so case by case recommendations are necessary. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. In this case the IW has chronic low back and thoracic pain. The documentation doesn't support that the patient has had a work place ergonomic evaluation. The efficacy of ergonomic/back education is not established. The medical necessity of the adjustable chair is not supported in the medical records and is not medically necessary.