

<b>Case Number:</b>	CM15-0072191		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 10/14/05. He reported buzzing in right ear, blurred vision, difficulty with memory and concentration and anxiety. The injured worker was diagnosed as having facial pain, status post L5-S1 discectomy, bilateral wrist tendinitis, cervicogenic headache and lumbosacral sprain/strain with radiation to right lower extremity. Treatment to date has included oral medications, lumbar spine surgery and physical therapy. Currently, the injured worker complains of headaches, neck and lower back pain and anxiety and depression. On physical exam, pain was noted with range of motion of cervical spine with tenderness to palpation of cervical paraspinous muscles bilaterally and tenderness to palpation of right gluteal/sciatic area with decreased sensation of right foot. The treatment plan included continuation of home exercise program and refill of Norco. A request for authorization for replacement of ergonomic chair accommodate 300 lbs., sturdy, heavy duty leg pedestal with adjustable l/s and c/s and adjustable height and headset was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of ergonomic chair to accommodate 300lbs, with sturdy heavy duty leg pedestal, adjustable L/S and C/S adjustable height and headset: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Pain, Ergonomics interventions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

**Decision rationale:** Regarding the request for Replacement of ergonomic chair to accommodate 300lbs, with sturdy heavy duty leg pedestal, adjustable L/S and C/S adjustable height and headset, Occupational Medicine Practice Guidelines state that engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost effective measure in the long run. Within the documentation available for review, it is unclear exactly what ergonomic problems are present at the patient's worksite. Additionally, the current request for replacement implies that the patient has these items currently. It is unclear why they are currently unable to be used. Additionally, there is no indication as to how they have improved the patient's condition since they were implemented. In the absence of clarity regarding those issues, the currently requested Replacement of ergonomic chair to accommodate 300lbs, with sturdy heavy duty leg pedestal, adjustable L/S and C/S adjustable height and headset is not medically necessary.