

Case Number:	CM17-0009282		
Date Assigned:	01/18/2017	Date of Injury:	12/09/2016
Decision Date:	02/10/2017	UR Denial Date:	12/26/2016
Priority:	Standard	Application Received:	01/13/2017

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: 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 54 year old female who sustained an industrial injury on December 09, 2016. The patient is being treated for left buttock and left thigh sciatic pain, right knee contusion and injury. Subjective complaint reported moderate left buttock pain radiating into left thigh that worsened with prolonged sitting, but prolonged standing actually made right knee and left ankle with increased pain. Medication listed Motrin. Treatment rendered included diagnostic testing, activity modification, anti-inflammatory agent, consultation, course physical therapy, home exercise program and follow up. On December 16, 2016 a request was received for a stand sit workstation x1 that was non-certified by Utilization Review on December 26, 2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sit-stand workstation: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach.

Decision rationale: The MTUS discusses the early approach to lumbar pain presenting without any red flag findings. It consists of nonprescription medications or an appropriate non-steroidal anti-inflammatory medicine, appropriate activity adjustment, and use of ice and/or heat. To avoid undue back irritation and debilitation from inactivity, activity or job modification may be useful in the acute period. Maintaining normal activity, as is tolerated, and not bed rest leads to the most rapid recovery. Low-stress aerobic activities can be started after the first two weeks of symptoms in order to help to prevent debilitation. Careful stretching exercises and early stage low back exercises in the early stages of treatment are useful and do not appear to aggravate symptoms. However, exercises designed to strengthen low back and abdominal muscles are generally delayed for several weeks. In conclusion, the most reliable medical evidence indicates that having the patient return to work and normal activities allows for the best treatment outcomes. The provider is in the early stage of treatment of the patient for lumbar pain and desires to have a sit-stand workstation to help the patient to continue to work and decrease pain which is exacerbated by prolonged sitting. The MTUS states that in the absence of red flag symptoms the best approach to treatment is to maintain the patient as active as possible and avoid prolonged bed rest. It states that the best treatment is to return to work and that activity or job modification may be necessary in the acute phase in order to facilitate mobilization. The facilitation of a sit-stand work station is felt to be compatible with the early treatment modalities and goals expressed in the MTUS. The sit-stand work station is medically necessary.