

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jan/25/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
LIFEFORM MIDBACK CHAIR, MODEL #2490 FABER

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
M.D., Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines  
Medical necessity form, Dr., 12/1/10  
Peer review reports, 12/7/10, 12/27/10  
Office notes, Dr., 12/21/10, 01/05/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female with a work injury of xx/xx/xx. The claimant is status post L4-5, L5-S1 fusion with a diagnosis of failed lumbar spine syndrome with adjacent segment disease. She works in a and her job involves sitting ten hours a day. On 12/01/10 Dr. prescribed a Lifeform mid back chair to decrease her low back symptoms related to prolonged sitting in her new job description. The chair was denied on peer review of 12/07/10 as the request was for a special ergonomic chair, which is a personal item, not a medical necessity. At the visit of 12/21/10 the claimant was working four hours a day for a trial of 6 weeks. On exam she had a decreased knee jerk on the right, absent posterior tibial tendon jerk bilaterally, and paresthesias in the L3 and L4 nerve root distribution on the right with positive extensor lag. Lasègue was negative. A second peer review dated 12/27/10 was performed and the chair was again denied.

On 01/05/10 the claimant followed up with Dr.. The claimant complained of some groin pain in relationship to her L3-4 HNP, worse on the left. She was taking Celebrex as needed. She was given Lorcet for breakthrough pain and Medrol Dosepak scripts to be taken as necessary. The claimant continued to work full time without restrictions. X-rays of the lumbar spine to include flexion/extension views revealed L4-5 and L5-S1 decompression with global arthrodesis, posterior instrumentation, and segmental fixation in good position with no evidence of hardware loosening. The claimant had complete collapse at L3-4 with bone on bone spondylosis, facet subluxation, and foraminal stenosis. The physician recommended

continued conservative treatment with a follow up in six months.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

A specific ergonomic chair has been requested for the claimant to use at work. This would not be considered necessary for medical treatment of a musculoskeletal diagnosis. Most office chairs/desks have an ergonomic design and use of a specific type of chair would be an individual preference and per Official Disability Guidelines, "there is no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of LBP". Therefore, the reviewer finds that LIFEFORM MIDBACK CHAIR, MODEL #2490 FABER is not medically necessary for treatment of her condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)