

<b>Case Number:</b>	CM13-0032704		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old male who reported an injury on 06/14/2012. The mechanism of injury was not submitted. The patient was diagnosed with chronic pain, low back pain and sprain sacroiliac. The patient continued to complain of pain to the sacral area. The clinical documentation dated, 08/21/2013 stated that the patient had an electromyography (EMG) on 08/15/2013, which was normal. The patient completed 6 sessions of physical therapy. The patient reported pain at 4/10 at its worst. The patient had decreased strength with the right knee. The patient had some piriformis tenderness, right gluteus medius weakness and L4 dermatomal sensory changes which do not correlate with the MRI findings and recent EMG study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) sacroiliac joint belt:** 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 chapter; Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The MTUS/ACOEM Guidelines do not recommend lumbar supports. The patient went back to work, reported decreased pain and mild decreased strength in the right knee. However, the guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Given the lack of documentation extenuating circumstances to support the need of a lumbar support, the request is non-certified.

**Gym membership for three (3) months:** 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), 17th edition, 2012: Low back and Knee chapter, Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Gym memberships

**Decision rationale:** The Official Disability Guidelines do not recommend a gym membership unless a documented home exercise program, with periodic assessment and revision has not been effective, and there is a need for equipment. The patient had decreased low back pain and went back to work with normal duties. No clinical documentation was submitted to indicate that the patient participated in a home exercise program, as the guidelines recommend. Given the lack of documentation to support guideline criteria, the request is non-certified.