

<b>Case Number:</b>	CM13-0043869		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/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 applicant is a represented [REDACTED] employee who has filed a claim for low back and sacral pain associated with an industrial injury sustained on June 21, 2012. Thus far, the applicant has been treated with analgesic medications; MRI of the lumbar spine of May 31, 2013, notable for disk protrusions at L4-L5 and L5-S1; plain films of the lumbar spine of May 31, 2013, negative for fracture or spondylolisthesis; and several months off of work. In a clinical progress note from February 7, 2013, the applicant reported persistent low back and sacroiliac joint pain. The applicant was placed off of work, on total temporary disability. The applicant's case and care have been hampered by pregnancy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SACROILIAC (SI) JOINT STABILIZER 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS/ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the

applicant is now well outside of the acute phase of symptom relief following an industrial injury of June 21, 2012. Continued, ongoing usage of lumbar supports at this late date is not recommended, per the ACOEM. Therefore, the request is not certified.