

Case Number:	CM13-0054327		
Date Assigned:	12/30/2013	Date of Injury:	08/11/1991
Decision Date:	03/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation 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 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 66-year-old female who reported injury on 08/11/1991. The mechanism of injury was not provided. The patient was noted to have an MRI on 01/14/2013, which revealed no compression fractures or destructive changes. Bone marrow within visualized bony structures demonstrated relatively normal signal intensities, and conus medullaris was at T11-12 level and did not demonstrate any enlargements or distortions. The most recent physical examination was dated 01/16/2013, which revealed the patient was markedly tender over the left posterior superior iliac spine with radiation to the left great toe; lateral compression of the iliac crest gave relief of symptoms, the patient was noted to have a positive Ober's test on the left, and was noted to be negative on the right. The diagnosis was noted to be sacralgia on the left with sciatica. The request was made for a sacroiliac belt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac belt: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. Clinical documentation submitted for review failed to provide an accompanying objective physical examination with the RFA of 08/05/2013. There was a lack of documented rationale indicating a necessity for the requested belt and there was a lack of documentation indicating if the patient had previously received the belt as it was requested in December of 2012 and January of 2013. Given the above, the request for sacroiliac belt: RFA dated 08/05/2013 is not medically necessary.