

Case Number:	CM14-0107739		
Date Assigned:	08/18/2014	Date of Injury:	05/25/2005
Decision Date:	09/18/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year old female injured on 05/25/05 due to undisclosed mechanism of injury. Diagnoses included myalgia and myositis, urine prolapse without mention of vaginal wall prolapse and neuralgia/neuritis/radiculitis. Clinical note dated 07/18/13 indicated the injured worker presented with low back pain and muscle pain in the pelvic floor aggravated by prolonged standing. The injured worker reported pelvic floor pain increased low back pain. The injured worker also complained of tightness and pain in the right low back and buttock muscles with associated right lower extremity numbness with prolonged sitting. The injured worker previously benefitted from physical therapy sessions specific to the pelvic floor muscle treatments. Physical examination revealed tenderness of the low back , right greater than left, stiffness of the low back, normal gait and station, sensation grossly intact, deep tendons reflexes 2+ bilaterally. Request for additional physical therapy in addition to pelvic floor specific physical therapy, biofeedback, electrical stimulation, sacroiliac strap, and medication including ibuprofen was submitted. The initial request was non-certified on 06/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI Strap, Pelvic Support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, SI Dysfunction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac support belt.

Decision rationale: As noted in the Hip and Pelvis chapter of the Official Disability Guidelines, sacroiliac support belts are recommended as an option in conservative treatment of sacroiliac joint dysfunction. The documentation fails to establish objective findings significant for sacroiliac dysfunction required to substantiate the requested durable medical equipment. As such, the request for sacroiliac strap, Pelvic Support cannot be recommended as medically necessary at present. Therefore the request is not medically necessary and appropriate.