

Case Number:	CM15-0138568		
Date Assigned:	07/28/2015	Date of Injury:	09/04/2013
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male who sustained an industrial injury on 9/4/13 when he felt a sharp crack in his low back causing him to fall from a scaffold and landed on his knees. He sustained injuries to his neck, mid and low back. He was medically evaluated, underwent x-rays, an MRI, and physical therapy and received medications. He currently complains of persistent, constant, sharp burning radicular neck pain and muscle spasms with radiation to bilateral upper extremities and numbness and tingling with a pain level of 7-8/10; constant, achy mid-back and muscle spasms with a pain level of 5/10; constant radicular low back pain and muscle spasms with a pain level of 7/10 and numbness and tingling of bilateral lower extremities. Medications do offer temporary relief and improve his ability to have a restful sleep. On physical exam of the cervical spine there was tenderness to palpation, trigger points at the left upper trapezius, decreased range of motion, cervical distraction and compression tests were positive bilaterally, decreased sensation in the C6 and C7 dermatomes in the bilateral upper extremities; thoracic spine exam revealed tenderness to palpation with muscle guarding, decreased range of motion, positive Kemp's test; lumbar spine revealed tenderness to palpation, bilateral lumbar paraspinal muscle guarding, decreased range of motion, positive straight leg raise bilaterally, positive Kemp's bilaterally. Medications were deprizine, dicopanlol, Famatrex, Synapryn, tabradol, cyclobenzaprine, gabapentin, flurbiprofen. Diagnoses include lumbar spine and myofascial pain syndrome; cervical spine sprain/ strain; cervical radiculopathy; thoracic spine sprain/strain; thoracic spine pain; lumbar spine herniated nucleus pulposus; lumbago; lumbar radiculopathy. Treatments to date include medications, chiropractic sessions for the lumbar spine; shock wave

therapy for the cervical and lumbar spine; localized intense neurostimulation therapy for the lumbar spine; acupuncture, lumbar spine. Diagnostics include MRI of the lumbar spine (10/1/14) showing disc desiccation, disc protrusion; MRI of the thoracic spine (10/1/14) showing scoliosis; MRI of the cervical spine (10/1/14) showing desiccation; trigger points impedance imaging (4/29/15); x-ray of the thoracic spine (10/14/14) showing straightening of normal thoracic kyphosis that was either positional or an element of myospasm; x-ray of the lumbar spine 10/14/14) showing straightening of normal thoracic kyphosis that was either positional or an element of myospasm; x-ray of the cervical spine (10/14/14) unremarkable. On 6/25/15 Utilization review evaluated a request for SIO flex pelvisacral prefab.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIO flex pelvisacral prefab: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, Sacroiliac belt.

Decision rationale: This claimant was injured almost two years ago when he felt a sharp crack in his low back causing him to fall from a scaffold and land on his knees. Thoracic and lumbar exam revealed tenderness to palpation with muscle guarding. There was a positive Kemp sign bilaterally. Diagnoses include lumbar spine and myofascial pain syndrome; cervical spine sprain/strain; cervical radiculopathy; thoracic spine sprain/strain; thoracic spine pain; lumbar spine herniated nucleus pulposus; lumbago; and lumbar radiculopathy. An X-ray of the lumbar spine 10/14/14 showing straightening of normal thoracic kyphosis that was either positional or an element of myospasm. There is no mention of sacroiliac instability. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The closest guideline in ODG pertains to a sacroiliac support belt. The ODG notes in the Hip and Pelvis section, that a sacroiliac support belt can be used if there is sacroiliac joint dysfunction. However, I did not notice clear clinical signs of sacroiliac joint dysfunction or instability. Therefore, a prefabricated pelvic-sacral device is not medically necessary.