

Case Number:	CM15-0160358		
Date Assigned:	08/26/2015	Date of Injury:	12/31/2010
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34-year-old male, who sustained an industrial injury on 12-31-2010. He has reported subsequent low back and sacroiliac (SI) joint pain and was diagnosed with low back pain, sacroiliac joint dysfunction, chronic pain syndrome and myofascial pain. Computed tomographic scan of the sacroiliac joints was noted to be normal, as was a bone scan. The date that these studies were performed was not documented. Treatment to date has included oral, topical and injectable pain medication, SI rhizotomy, physical therapy, chiropractic therapy and sacroiliac belt. In an agreed medical evaluation (AME) report dated 04-16-2015, the physician reported that physical and chiropractic therapy were noted to have provided no benefit to the injured worker but sacroiliac belt was noted to reduce pain by 50%. In a progress note dated 06-26-2015, the injured worker reported 5 out of 10 pains without medication and 1 out of 10 with medication. The injured worker reported worsening pain since the prior visit. The physician noted that medications were providing over 75% relief of pain and a bilateral radiofrequency ablation 10 months prior provided 6 months of relief with 80% improvement in pain and improvement in function. Objective examination findings showed tenderness of the sacroiliac joints, left greater than right and tenderness over the lumbar paraspinal muscles. The injured worker was noted to be working full-time with modified duty. The physician noted that an SI joint belt was being requested to wear during flare-ups of pain. A request for authorization of SI joint belt was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint belt: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Back Supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: SI belts have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and the claimant has used an SI belt in the past. The symptoms were chronic. The long-term use of an SI belt is not medically necessary.