

<b>Case Number:</b>	CM14-0145762		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Texas. 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 25 year old female who sustained an injury to her low back on 08/16/12 while making a bed; she had a sudden low back pain. Electrodiagnostic studies of the bilateral lower extremities dated 06/28/13 were unremarkable. There was no evidence of bilateral lumbosacral spine radiculopathy, plexopathy, or peripheral neuropathy. Progress report dated 08/12/14 reported that the injured worker continued to complain of low back pain described as aching in the left lumbar spine/buttock at 8-10/10 VAS. Pain was unchanged since previous visit. Physical examination noted normal gait; sensation intact, but slightly decreased over left lateral leg; sacroiliac joint left was non-tender; Patrick's and Gaenslen's maneuvers were positive left; tenderness over the paraspinal musculature and facet joints at L4-5 and L5-S1; extreme decrease in range of motion due to pain; straight leg raise positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI (sacroiliac) joint 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 (ODG): Hip and Pelvis (updated 03/25/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar supports

**Decision rationale:** The request for sacroiliac joint belt is not medically necessary. Previous request was denied on the basis that provided documentation did not indicate that the injured worker was still undergoing conservative treatment, as a sacroiliac joint injection was authorized and will be scheduled. It was further unclear that the injured worker had a diagnosis of sacroiliac joint dysfunction. Thus, the request was not indicated as medically appropriate. The Official Disability Guidelines state that there is strong and consistent evidence that lumbar supports were not effective in preventing neck pain and back pain. Current evidence based studies on preventing episodes of back problems found strong, consistent evidence that exercises interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. Given this, the request for sacroiliac joint belt is not indicated as medically necessary.