MAXIMUS Federal Services

Case Number:	CM15-0170464		
Date Assigned:	09/11/2015	Date of Injury:	07/22/2013
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/29/2015

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: North Carolina
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:

This injured worker is a 28 year old female who reported an industrial injury on 7-22-2013. It was noted she reported 2 work-related injuries, one in July of 2012, which was to her lower back, and the other injury on 8-8-2012. Her diagnoses, and or impression, were noted to include: backache; myalgia and myositis; long-term use of medications. No current imaging studies were noted. Her treatments were noted to include: physical therapy (approximately 4 visits); a home exercise program; the taping of her lumbar spine to her posterior iliac crest; medication management; and a return to modified duties but was let go in August 2012, and was not currently working. The progress notes of 3-16-2015 and 7-1-2015 both report a date-of-injury for 8-1-2012. The progress notes of 3-16-2015 reported complaints of continued, unchanged, mild-moderate, low back pain and burning, with intermittent radiation from the sacroiliac to the bilateral buttocks, which were improved by Meloxicam and self-ball massage, and home exercises; and of intermittent poor sleeping. Objective findings were noted to include: no distress; a guarded but non-antalgic gait; with slumped posture of head forward and shoulders protracted; an improved resting posture, with self-correction, in the thoracic spine; tenderness, spasm, and hypertonicity on the bilateral thoracic para-vertebral muscles; multiple thoracic myofascial trigger points; tenderness on the left medial scapula boarder and many levels of para-spinal and infra-scapular musculature; asymmetry of the lumbar spine, but with some improvement of functional scoliosis - not seen with forward bending; guarded and painful lumbar range-of-motion; and tenderness, spasms and tight muscle band with trigger points of the lumbar para-vertebral musculature, with question of leg length discrepancy. The physician's

requests for treatments, on the 7-1-2015 progress notes, were noted to include Durable Medical Equipment in facilitation with her rehabilitation plan, to assist in stabilizing-immobilizing the joint, to help function and to reduce pain and swelling. The Utilization Review of 8-17-2015 non-certified the request for a sacroiliac joint belt (Serola).

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint belt (Serola), purchase: 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), Criteria for sacroiliac injections: SI Belt.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore, criteria have not been met per the ODG and the request is not medically necessary.