

Case Number:	CM15-0092356		
Date Assigned:	05/19/2015	Date of Injury:	07/27/2013
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 44 year old female sustained an industrial injury to the low back on 7/27/13. Previous treatment included magnetic resonance imaging physical therapy, chiropractic therapy, injections, walking at home, pain management and medications. The injured worker had stopped all opioid medications and did not want to restart them. In a PR-2 dated 4/9/15, the injured worker complained of shooting, achy and radiating low back pain, rated 3-5/10 on the visual analog scale, that improved with icing, stretching and rest. Physical exam was remarkable for tenderness to palpation over bilateral sacroiliac joints with decreased and painful range of motion. Current diagnoses included lumbar spine sprain/strain, lumbar disc bulge at L4-5, left sacroiliac joint dysfunction and chronic pain syndrome. The treatment plan included a sacroiliac stabilizing belt to help facilitate her independent medical treatment with increased activity and a trial of Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac stabilizing belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac support belt.
<http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Sacroiliac support belt “recommended as an option in conservative treatment of sacroiliac joint dysfunction.” (Monticone, 2004) There is no clear documentation for the need of stabilizing belt. The patient was reported to have tenderness of the sacroiliac and there is no clear evidence that the limitation of range of motion is related to the sacroiliac joint. There is no clear evidence of the benefit of the belt beyond the acute phase. Therefore, the request for Sacroiliac stabilizing belt is not medically necessary.