

<b>Case Number:</b>	CM15-0094928		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	01/04/2015
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

Certification(s)/Specialty: Internal 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 43 year old female who sustained an industrial injury on 1/4/15. The injured worker was diagnosed as having sacroiliac sprain/strain. Currently, the injured worker was with complaints of lumbar spine pain. Previous treatments included chiropractic treatments, home exercise program, and medication management. Previous diagnostic studies included a magnetic resonance imaging. Physical examination was notable for restricted range of motion to the lumbar spine, paravertebral muscles tenderness to palpation. The plan of care was for durable medical equipment (DME) low profile lumbar orthosis (3-month rental).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) low profile lumbar orthosis (3 month rental):**

Overtured

**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, Lumbar supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac support belt.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address the sacroiliac support belt. Official Disability Guidelines (ODG) indicates that a sacroiliac support belt is recommended as an option in conservative treatment of sacroiliac joint dysfunction. The physical medicine and rehabilitation evaluation report 4/7/15 documented the diagnosis of sacroiliac sprain strain. The patient developed mechanical low back pains and severe SI sacroiliac joint dysfunction. She is not weight bearing on her right leg, has pelvic obliquity, several positive exam tests for SI sacroiliac joint and pelvic click with leg distraction. The patient has SI sacroiliac joint dysfunction. She has severe mechanical right SI sacroiliac joint pains. The patient needs an SI belt to stabilize. The physician requested a universal low profile lumbar orthosis. Official Disability Guidelines (ODG) supports the use of a sacroiliac support belt for the treatment of sacroiliac joint dysfunction. Therefore, the request for universal low profile lumbar orthosis is medically necessary.