

Case Number:	CM13-0020365		
Date Assigned:	11/01/2013	Date of Injury:	07/24/2012
Decision Date:	03/06/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 physician 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 patient is a 50-year-old female who reported an injury on 07/24/2012 due to a fall that reportedly caused injury to the coccyx area. The patient underwent an MRI of the coccyx that revealed a minimally displaced fracture of the distal coccyx. Previous treatments of the patient's coccydynia included non-steroidal anti-inflammatory drugs, cold therapy, physical therapy, a donut pillow, positional changes, and chiropractic care. The patient's physical findings included tenderness to palpation at the tailbone and inability to sit on both iliac tubercles due to coccyx pain. The patient's diagnoses included coccygodynia. The patient's treatment plan included continued chiropractic care and a corticosteroid injection of the coccyx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coccyx Cortisone Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] Guidelines/Coccydynia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: [REDACTED] [REDACTED] (2013). A comparison of conservative interventions and their effectiveness for coccydynia: a systematic review. Journal of Manual and Manipulative Therapy,

Decision rationale: The requested coccyx cortisone injection is medically necessary and appropriate. Recently reviewed peer-reviewed literature, "A Comparison of Conservative Interventions and Their Effectiveness for Coccydynia: A Systemic Review" states non-invasive conservative treatments usually resolve a patient's coccyx pain. However, in the event that the patient's pain is not resolved, a corticosteroid injection would be warranted. The clinical documentation submitted for review does provide evidence the patient's pain has returned and is considered persistent in spite of conservative non-invasive treatments to include physical therapy, a donut pillow, positional changes, activity modifications, and chiropractic treatment. Therefore, the need for a corticosteroid injection would be indicated. As such, the requested coccyx corticosteroid injection is medically necessary and appropriate.