

<b>Case Number:</b>	CM13-0047640		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopaedic Surgery, and is licensed to practice in California. 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:

This 61-year-old female sustained an industrial injury on 5/2/08 when she slipped and fell backwards while playing with children. She subsequently underwent L5/S1 spinal fusion. Coccygeal pain was documented in the 5/1/12 treating physician report. Pain was reported lower than the level of the fusion. The treatment plan recommended a coccygeal injection and removal of pedicle screws. Physical therapy and massage therapy were ordered. The patient underwent removal of L5/S1 posterior lumbar instrumentation on 11/7/12 with some improvement in nerve pain. The 5/13/13 Agreed Medical Examiner report indicated that lumbar x-rays showed progressive spondylolisthesis at L4/5. An L4/5 fusion was recommended but declined by the patient. The 7/9/13 treating physician reported documented lower back pain that was most severe pain in the tailbone and numbness and tingling in left lower extremity. The diagnosis was coccydynia. The patient attended physical therapy twice a week in July and was compliant with a home exercise program. A sacrococcygeal caudal epidural steroid injection was performed on 9/9/13 with complete elimination of pain. The 10/15/13 treating physician report cited lower back pain, mostly coccygeal. Good relief was documented with the coccygeal injection but pain was starting to come back. Pain had reportedly persisted for years despite conservative treatment and the patient wished to proceed with coccygectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COCCYGECTOMY IN AN OUTPATIENT SETTING:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**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 - LUMBAR & THORACIC, COCCYGECTOMY

**Decision rationale:** Under consideration is a request for outpatient coccygectomy. The California Medical Treatment Utilization Schedule (MTUS) does not provide recommendations for this procedure. The Official Disability Guidelines recommend coccygectomy as an option for coccydynia, using caused by direct trauma, following six months of failed conservative treatment. Patient selection includes those with a history of injury to the coccyx for whom corticosteroid injections have given some pain relief. Guideline criteria have been met. This patient fell directly onto her coccyx at the time of original injury. Pain has been focused in the coccygeal region since 5/1/12 and has failed to respond to removal of pedicle screws, medications, physical therapy, and massage therapy. The patient experienced complete short term elimination of pain with a coccygeal injection on 9/9/13. Therefore, this request for an outpatient coccygectomy is medically necessary.