MAXIMUS Federal Services

Case Number:	CM13-0052638		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2012
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 pain management, has a subspecialty in interventional spine 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 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:

This patient is a 63-year-old male, date of injury of 05/21/2012. The treating physician's report, 10/09/2013, has a chief complaint of low back pain with diagnoses of discogenic lumbar spine and lumbar radiculitis. The patient apparently fell while walking home on 09/04/2013, and since then, has been having some low back pain, went to ER and x-rays were done and was told that he had a chronic coccyx fracture. The treating physician is recommending a bone scan to evaluate the chronicity of it. The providers report from 12/05/2013 has a chief complaint of low back pain, and states that the patient had an MRI of the lumbar spine, but his concern is that of ruling out acute coccyx fracture which he cannot ascertain on the radiographs. He recommended a bone scan. On exam, there was tenderness over the coccyx region. His diagnosis on this date was to rule out occult coccyx fracture. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US national library of medicine NIH (http://www.nlm.nih.gov/medlineplus/ency/article/003833.htm).

Decision rationale: This patient presents with chronic low back pain and recently took a fall. X-rays of the coccyx done at the emergency room apparently showed chronic coccyx fracture. The treating physician is concerned about acute coccyx fracture which was not evident on x-rays, and he has asked for a bone scan. The utilization review denied this request on 10/31/2013 stating that mechanism of injury was not seen on submitted records, and only one report was submitted for review. The reviewer states that there were no other stated diagnostic considerations aside from coccyx fracture which was already identified on plane radiographs. It was also unclear how a bone scan will guide current treatment. MTUS, ACOEM do not address bone scan in this context. ODG Guidelines do not discussed bone scan for the context of subtle fractures. When reading US National Library of Medicine at NIH, it states the bone scan is used to diagnose a fracture when it cannot be seen on a regular x-ray, most commonly, stress fractures in the feet or legs or spine fractures. In this case, the treating physician's requests for a bone scan to rule out subtle fracture of the coccyx would be reasonable if the patient was struggling with coccydynia. Unfortunately, despite review of 2 different reports by the treating physician, 10/09/2013 and 12/05/2013, there is no complaint of coccydynia. Rather, the patient has low back pain which has not changed much. In fact, following the fall, the patient did not describe coccyx pain or change in pain, but increased pain in the low back, the usual location of pain. If the patient developed coccyx pain that was not improving over time, obtaining a bone scan may be reasonable to make sure that the potential fracture is healing and to determine the extent of the fracture. However, in this case, the providers notes tenderness over the coccyx area, but does not describe coccydynia on subjective complaints and how much this patient is struggling with coccyx pain since the fall. It should also be noted that obtaining a bone scan with possible discovery of subtle fracture would not lead to any different treatment plan. Unlike stress fractures of the feet or legs, hip fractures, and spinal fractures, treatment for coccyx subtle fracture does not dictate anything different other than conservative measures, possible use of a donut seat. Therefore, any potential additional information gained from bone scan would not be of much benefit in terms of treatment plan. Recommendation is for denial.