

<b>Case Number:</b>	CM13-0067246		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitative Medicine, and is licensed to practice in 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 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:

The patient is a 33-year-old who reported an injury on March 3, 2013, due to a slip and fall that reportedly caused injury to the patient's low back and gluteal region. The patient's treatment history included physical therapy, a lumbar support, acupuncture, and medications. It is noted within the patient's documentation that the patient's prior physical therapy did not provide any significant functional benefit. The patient was instructed in a home exercise program to assist with pain control. The patient's most recent clinical evaluation documented that the patient had tenderness in the coccyx area and myofascial trigger points in the lumbosacral paraspinal musculature and tenderness to the sacroiliac joints. The patient's diagnoses included post-traumatic myofascial pain syndrome, coccydynia, lumbosacral radiculopathy, and lumbosacral sprain/strain injury. The patient's treatment plan included continued acupuncture treatments, continued use of Vicodin for pain control, and participation in home exercises. A request was made for physical therapy three times a week for four weeks to the sacrum and coccyx area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE SACRUM AND COCCYX, THREE TIMES PER WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends up to 8 visits to 10 visits for myofascial and radicular pain. The clinical documentation submitted for review provides evidence that the patient has already participated in 6 visits of physical therapy that did not provide any pain relief or functional benefit and has been transitioned into a home exercise program. The patient has continued pain in spite of compliance with home exercises. Therefore, a short course of physical therapy would be appropriate for this patient to re-assess and re-educate the patient on a home exercise program. However, extended treatment would not be supported as the patient did not receive any functional benefit or pain relief from prior therapy. The requested Physical therapy 3 x 4 to Sacrum and Coccyx is not medically necessary or appropriate.