

Case Number:	CM14-0001968		
Date Assigned:	01/24/2014	Date of Injury:	03/13/2013
Decision Date:	11/17/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal medicine, and is licensed to practice in Maryland. 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 employee was a 30 year old female who sustained an injury on 03/13/13 when she tripped over another kid that came fast with a tricycle. She was taken to a hospital by ambulance and was diagnosed with a fractured tailbone. A CT scan done on 03/17/13 showed mild buckle type fracture involving 4th sacral and last coccygeal segment. Her prior treatments included seven chiropractic treatments until October 2013 with additional 8 visits authorized at that time. Her primary complaints included lower back pain with numbness in the left leg, coccyx and sacral pain and thoracic pain. Her clinical note from October 2, 2013 was reviewed. She had tailbone pain. She stated that medications made her pain better, but there was still pain there. She was participating in therapy under the care of Chiropractor. Pertinent objective findings included slow gait, heel and toe ambulation were painful, tenderness noted at the L4-L5 on deep palpation as well as bilateral posterior superior iliac spine and tenderness at the coccyx on deep palpation. His lumbar spine range of motion was restricted and straight leg raising test was positive at 45 degrees on left side. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities and deep tendon reflexes were 1+ and symmetric in knee and ankle. The diagnoses included lumbar strain, lumbar degenerative facet arthrosis, fracture of coccyx, insomnia and depression. The plan of care included MRI of lumbar spine, Vicodin 5/500 mg BID, Naproxen 550mg BID, physiotherapy and home exercise program. Her clinical note from 09/17/13 was reviewed. Her complaints were low back pain radiating down to left leg with some numbness and tingling radiating to left foot. There was some mid back tenderness. She had normal bowel and bladder function. Examination was remarkable for negative straight leg raising test, intact motor and sensory function as well as symmetrical reflexes. MRI was required to assess for nerve root irritation at 6 months and to assess if sacral fracture was fully healed. Physical therapy was required to help facilitate full recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The employee was being treated for low back pain, prior sacral fracture and radiating pain down to left foot with intermittent numbness and tingling. Her CT scan at the time of injury showed mild buckle type sacral fracture. She had no sensory or motor deficits and had normal deep tendon reflexes. She had no bowel or bladder incontinence. She was being treated with analgesics and also chiropractic treatments. ACOEM guidelines support imaging of the lumbar spine for red flag signs where plain film radiographs are negative, or have unequivocal objective findings that identify specific nerve compromise on neurologic examination, or be considered for surgery and do not respond to treatment. In this case, there is documentation of pain and tenderness. However, there is no abnormality with examination of the sensory, motor and deep tendon reflexes of the lower extremities. There is no suggestion of nerve impingement or radiculopathy. There is also no suggestion of red flags. Hence the request for MRI of the lumbar spine is not medically necessary or appropriate.

Physical therapy 2 times per week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

Decision rationale: The employee had low back pain radiating to left foot. She had a history of sacral fracture after injury in 2013. She was treated with medications and Chiropractic therapy. She had seven therapy visits until October and had an additional 8 visits authorized. Her diagnoses were lumbar strain, lumbar degenerative facet arthrosis, fracture of coccyx, insomnia and depression. The request was for additional physical therapy visits 2 times a week for 3 weeks. According to MTUS Chronic Pain Medical Treatment guidelines, up to 10 weeks are recommended for neuralgia, neuritis, radiculitis and myalgia. The guidelines also recommend for fading to treatment frequency and for active self-directed home physical medicine. Since the employee was already undergoing Chiropractic therapy with good improvement and since she had some more authorized treatments, the request for Physical therapy is not medically necessary or appropriate.

