MAXIMUS Federal Services

Case Number:	CM14-0008836		
Date Assigned:	02/12/2014	Date of Injury:	05/14/2013
Decision Date:	07/21/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine, 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 is a 42-year-old male with a 5/14/13 date of injury, hitting his coccyx trying to push an inmate off of him. He was taken to urgent care where he was diagnosed with coccyx sprain and strain. He was told to ice his coccyx and was prescribed physical therapy and 6 chiropractic sessions, which is notated that both improved the pain. The patient complained of shooting pain from the back down his right leg. An MRI was ordered which revealed L4/5 mild disc desiccation and mild foraminal stenosis, and a L5/S1 disc bulge with an annular fissure. The patient was placed back on full duty work. He was seen on 11/11/13 complaining of coccyx pain worsening with sitting. The patient was noted to use a donut cushion. Exam findings revealed mild tenderness to palpation of the lumbosacral spine and over the coccyx, bilateral S1 joints, and worsened sensitivity in the coccyx region. Treatment to date includes: physical therapy, acupuncture, chiropractic treatment (which is noted to be helpful), medications, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF SACRUM/COCCYX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. With regard to the hip and pelvis, the Official Disability Guidelines (ODG) states an MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative, and suspicion is high for occult fracture. This patient has been complaining of a coccyx pain since the industrial injury. There is no documentation of any plain films revealing any evidence of fracture to the coccyx after the incident. An MRI did not reveal any sacral or coccyx fracture. The patient was treated conservatively with physical therapy, ice, and chiropractic therapy, which improved the pain. However, as of November 2013 he complained of coccyx pain with prolonged sitting. Exam findings of the lower spine did not reveal any fluctuating mass or anything beyond tenderness to palpation. It is unclear what another MRI of the coccyx is meant to add at this point. In addition, a radiology report of plain films of the sacrococcygeal spine, or the patient's lumbosacral spine MRI was not made available for review. Therefore the request for an MRI of the Sacrum/Coccyx was not medically necessary.