

Case Number:	CM14-0019057		
Date Assigned:	04/21/2014	Date of Injury:	09/04/2012
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic 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:

The record notes a 71-year-old individual with a date of injury of September 9, 2012. A progress note dated January 23, 2014 is provided for review indicating that the mechanism of injury was a fall off of a ladder; the claimant lost consciousness and fell to the ground. Immediate left gluteal pain is reported. The complaints include low back pain and distal sacral pain. The encounter note indicates L4-5 and L5-1 spondylosis with stenosis and right L5-S1 extruded disc herniation. The claimant is status post lumbar epidural steroid injection in September 2013 with a temporary positive response in the buttock and coccyx pain. Persistence of low back pain for a couple of days is reported. The tailbone pain recurred with facet blocks. Bilateral L4-5 and L5-S1 facet blocks provided on January 8, 2014 resulted in 10% improvement in the lumbar spine pain, but a non-diagnostic response. Multiple medications are noted including Allopurinol, Gabapentin, Nortriptyline, and pantoprazole. Physical examination reveals normal heel and toe walking, pain with palpation of the low lumbar spine and coccyx, decreased range of motion, and 5/5 strength throughout the lower extremities with the exception of 4+/5 of the right gastrocnemius. Sensation is decreased to light touch in the plantar aspect of the bilateral feet in a stocking type distribution. Reflexes are 2+ with the exception of 1+ at the left ankle. Radiographs are documented and consistent with the diagnosis noted. Diagnoses include L4-5, L5-S1 spondylosis with right L5-S1 disc herniation and bilateral L4-5 and L5-S1 facet arthropathy, left sacroiliac joint disease with possible contusion, and diabetic peripheral neuropathy (nonindustrial). Focal tenderness at the coccyx is noted. The treatment recommendation is for a coccyx injection and follow-up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

COCCYX INJECTION/BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The medical treatment guideline criteria for the use of therapeutic intra-articular and medial branch blocks requires documentation of no evidence of radicular pain or spinal stenosis. Additionally, documentation evidencing failure of conservative treatment (including home exercises, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks is required. The medical record provided for review indicates that the claimant has had evidence of radicular symptoms, and does not provide documentation of the necessary conservative treatment. As such, the request is not medically necessary.