

Case Number:	CM14-0026388		
Date Assigned:	06/13/2014	Date of Injury:	08/05/2013
Decision Date:	07/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation 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 patient is a 44 year old female who was injured on 08/15/2013 while working as a preschool teacher. She injured her left elbow, lower back, mid back and right knee when she tripped forward on her bilateral knees and bilateral elbows. Prior medication history included Norco, Tramadol, and Cyclobenzaprine. The patient underwent a cyst removal of the lumbar spine in January 2012. Diagnostic studies reviewed include MRI of the thoracic spine dated 11/06/2013 revealed no disc herniation, spinal canal stenosis, or neural foraminal narrowing was visualized. MRI of the lumbar spine revealed no fracture. At L3-L4, there is a 2.8 mm circumferential disc bulge which mildly impresses on the thecal sac; and at L4-5, mild bilateral facet arthrosis is noted. Comprehensive pain management consultation report dated 01/29/2014 indicated the patient complained of pain in the low and mid back which she rated as a 4-5/10. She complained of constant pain in the left elbow rated as a 3/10. The right knee is painful with a pain rating of 3/10. Objective findings on exam revealed a wide based gait. She was able to perform heel-toe walk with difficulty. She had moderate pain in the coccyx area and right knee anteriorly. There was tenderness to palpation over the lumbar paraspinal muscles. There is moderate to severe facet tenderness noted to palpation along the L4 through S1 levels. Kemp's and Farfan tests were positive. Diagnoses are thoracic spine sprain/strain; lumbar disc disease, lumbar facet syndrome, coccydynia, and right knee internal derangement. The treatment and plan included a request for bilateral L4 through S1 medial branch blocks. It is noted that the patient may benefit from a coccyx injection as she has moderate to severe coccyx pain with coccydynia. She has failed conservative treatment and has no radicular symptoms on physical examination. Prior utilization review dated 01/29/2014 denied the request for a coccyx injection as there are no objective findings to support the diagnosis of coccydynia and medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

COCCYX INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS, ODG, Low Back. Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pelvis and Hip, steroid injection.

Decision rationale: The patient is noted to have pain in his lower back and coccyx. There was also tenderness to palpation in the lumbar region. However, there is no evidence of tenderness over the coccyx. There is no documentation of pain in the tailbone with sitting in the history. The MRI has showed lumbar disc protrusion and facet arthrosis. The patient is diagnosed with lumbar facet syndrome and disc disease which may well explain the pain in the coccyx region. Therefore, the medical necessity of the requested procedure cannot be established at this time.