

Case Number:	CM14-0049581		
Date Assigned:	07/07/2014	Date of Injury:	10/14/2012
Decision Date:	08/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 10/14/12. A utilization review determination dated 4/14/14 recommends non-certification of coccyx Injection with rectal exam, manipulation under anesthesia, and fluoroscopy. A 4/3/14 medical report identifies significant tailbone pain and low back pain. Treatment has included anti-inflammatory medication, pain medication, PT, acupuncture, and chiropractic. The patient is on modified duty. On exam, there is pain to palpation over the low back at the L5-S1 facet joints, coccyx, and tailbone area. There is limited lumbar ROM and SLR at 60 degrees on the right radiates into the lateral thigh and leg. Waddell signs were negative. X-rays of the pelvis demonstrate coccyx distal fracture, age undetermined. The provider noted that it is likely a chronic fracture, but since it is currently symptomatic, the injury may have aggravated it. He proposed a diagnostic coccyx injection using a rectal exam and fluoroscopy to place the injection and then manipulation afterward to spread the medication around the hopefully desensitize the coccyx to some extent. If the injection is not helpful, the workup will focus on the spine as pain can refer from this area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coccyx Injection with rectal exam, manipulation under anesthesia-fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/19468909>.

Decision rationale: Regarding the request for Coccyx Injection with rectal exam, manipulation under anesthesia-fluoroscopy, the National Library of Medicine identified that nonsurgical management remains the gold standard treatment for coccydynia, consisting of decreased sitting, seat cushioning, coccygeal massage, stretching, manipulation, local injection of steroids or anesthetics, and postural adjustments. Within the documentation available for review, the patient has tailbone pain and tenderness. X-rays identify a coccyx distal fracture, which the provider believed to be chronic and potentially aggravated by the injury. Treatment has included anti-inflammatory medication, pain medication, PT, acupuncture, and chiropractic. The patient is on modified duty. The provider has proposed a diagnostic injection utilizing a rectal exam and fluoroscopy to properly place the injection and then manipulation to help diffuse the medication and desensitize the coccyx. He has noted that, if the injection provides no significant relief, the workup would then focus on the lumbar spine. Given the ongoing pain and positive exam and x-ray findings as well as failure of other more conservative treatment options, a diagnostic injection appears reasonable to determine whether or not the coccyx is a pain generator. In light of the above issues, the currently requested Coccyx Injection with rectal exam, manipulation under anesthesia-fluoroscopy is medically necessary.