

<b>Case Number:</b>	CM14-0086556		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Nevada. 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 injured worker is a 47-year-old female who was reportedly injured on July 27, 2010. The mechanism of injury is noted as a slip and fall. The most recent progress note dated May 13, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated no tenderness along the lumbar spine except along the right SI joint and the coccyx. Diagnostic imaging studies revealed disc desiccation at L5 - S1 with mild facet hypertrophy. Nerve conduction studies of the lower extremities were normal. Previous treatment includes a sacroiliac joint injection. A request was made for a sacroiliac joint injection and a coccyx injection and was not certified in the pre-authorization process on May 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection, coccyx diagnostic injection.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Appendix D. Decision based on Non-MTUS Citation Official Disability Guidelines, October 23, 2008 version, Chapter on Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Block, Updated March 25, 2014. Other Medical Treatment Guideline or Medical Evidence: <http://www.mdguidelines.com/coccydynia>.

**Decision rationale:** According to progress note dated May 13, 2014, the injured worker has had a previous right-sided sacroiliac joint injection which did not provide any pain relief. According to Medical Disability Guidelines, injection of the coccyx may be appropriate this injection should only be tried after there has been failure of other conservative measures to include physical therapy. Therefore, for these multiple reasons this request for an sacroiliac joint injection and a coccyx injection are not medically necessary.