

<b>Case Number:</b>	CM14-0093587		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Texas. 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 59-year-old female who reported injury on 07/16/2001. The mechanism of injury was not provided. Prior treatments included a right-sided, T6-7 thoracic herniated nucleus pulposus and thoracic myofascial pain for which a thoracoscopic discectomy at T6-7 and T7-8 as well as a decompression of the spinal cord, thoracoscopic fusion at T6-7 and T7-8 with an anterior thoracic instrumentation at T6-7 and a chest tube thoracotomy with grafts was performed on 04/03/2003. The injured worker underwent a left knee arthroscopic surgery in 2002 and 2004 as well as a left knee partial replacement in 2006 followed by a total knee replacement with tibial reconstruction in 2008. Prior treatments included a TENS unit, H-wave, cashmere socks, attendant care, a manual wheelchair, direct flow garment for lower extremity swelling, under garments, orthotics and injections. The injured worker underwent an EGD and a bone density scan. The injured worker underwent injections in the left piriformis muscle and left trochanteric bursa as well as a sacrococcygeal and bursa injection. The documentation of 03/03/2014 revealed the injured worker had sharp shooting pain in the coccyx region for 3 to 6 years. The injured worker was noted to have a surgical intervention that left her a paraplegic. The injured worker had numerous falls and knee surgeries since 2001. The documentation indicated the injured worker had injections that assisted for a little while but pain increased. It was documented the injured worker had numerous MRI and CTs in the past and was told her coccyx was separating. The injured worker had multiple falls landing on her buttocks. The injured worker was noted to have followed up with the surgeon who had only performed a few coccyx surgeries and as such, the injured worker was in the office to visit with a physician who had performed multiple coccyx surgeries. The injured worker was noted to be in a motorized scooter and was noted to have exquisite tenderness to palpation over the sacroiliac joint and coccyx with hypermobility and the injured worker was painful to manipulate. The injured

worker had tenderness to palpation in the coccyx and movement was present with stress. The skin over the coccyx was normal. Upon inspection, abnormalities were noted. The diagnoses included chronic pain secondary to failed back surgery, radiculopathy and coccygeal pain. The treatment plan included sending the injured worker to a physician who had performed multiple coccygectomies. Subsequent documentation dated 05/06/2014 indicated the injured worker had a CT scan which showed sacrococcygeal severe subluxation with 50 degrees of anterior displacement, likely an old fracture with malunion. The treatment plan included a coccygectomy and pain management as well as a skilled nursing facility stay of 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Coccygectomy with a 4 day inpatient stay, and 4 week stay in local skilled nursing facility with pain management inpatient consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/> Low Back, Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Coccygectomy, Hospital length of stay (LOS), Knee & Leg Chapter, Skilled nursing facility (SNF) care, Skilled nursing facility LOS (SNF).

**Decision rationale:** The Official Disability Guidelines recommend a coccygectomy as an option for coccygodynia pain in and around the region of the coccyx, usually caused by direct trauma, following 6 months of failed conservative treatment. The clinical documentation submitted for review indicated the CT scan showed subluxation of the coccyx bone. However, the scan was not submitted for review. The documentation indicated the injured worker had fallen multiple times. There was lack of documentation of a failure of conservative care times 6 months. This portion of the request would not be supported. The Official Disability Guidelines indicate that the repair for a vertebral column fracture needs a hospital length of stay for 9 days. While this was not noted to be a vertebral fracture, the request for 4 days would be reasonable, if the surgical intervention was found to be medically necessary. The Official Disability Guidelines indicate a skilled nursing facility length of stay is recommended for up to 10 to 18 days or 6 to 12 days if needed as an inpatient rehabilitation facility. It is recommended after a hospitalization when the injured worker requires skilled nursing or skilled rehabilitation services or both on a 24 hour basis. The criteria for a skilled nursing facility care include the injured worker was hospitalized for at least 3 days for a major or multiple trauma or major surgery and was admitted to the SNF unit skilled nursing facility within 30 days of hospital discharge. The physician certifies that the injured worker needs Skilled Nursing Facility (SNF) care for treatment of postoperative functional limitations and the injured worker has significant new functional limitations such as the inability to ambulate more than 50 feet or perform activities of daily living and the injured worker requires skilled nursing or skilled rehabilitation services on a daily basis or at least 5 days per week. Additionally, there should be documentation the treatment is precluded in lower levels of care. The clinical documentation submitted for review indicated a request for a major surgery

and the physician certified the injured worker needed SNF care as management postoperatively. However, there was lack of documentation of functional limitations, and that the injured worker required skilled nursing or skilled rehabilitation services on a daily basis or at least 5 days per week. There was a lack of documentation indicating that treatment was precluded in lower levels of care. There was a lack of documentation indicating a necessity for a 4 week stay when the recommended length of stay is up to a maximum of 18 days. Given the above, the request for 1 Coccygectomy with a 4 day inpatient stay, and 4 week stay in local skilled nursing facility with pain management inpatient consultation is not medically necessary.