

Case Number:	CM14-0185185		
Date Assigned:	11/13/2014	Date of Injury:	06/18/2007
Decision Date:	01/02/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and mid back pain reportedly associated with an industrial injury of June 18, 2007. In a Utilization Review Report dated October 30, 2014, the claims administrator denied a coccyx injection. The claims administrator stated that its decision was based on an October 23, 2014 Request For Authorization form and associated progress note of October 22, 2014. The applicant's attorney subsequently appealed. On October 22, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was on Desyrel, Zoloft, Flexeril, Neurontin, Imitrex, Norco, and Prilosec, it was acknowledged. The applicant exhibited an antalgic gait without which did not require usage of any assistive device. Positive straight leg raising was appreciated with positive facet loading also evident. Limited lumbar range of motion was noted. Lumbar paraspinal tenderness was also noted. There was some tenderness appreciated about the coccyx. The attending provider suggested that the applicant pursue a coccyx injection. A neurology consultation was endorsed. Norco, Zoloft, Flexeril, Desyrel, and Neurontin were renewed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working with previously imposed permanent limitations. On September 24, 2014, the applicant again reported persistent complaints of neck and low back pain with ancillary complaints of bilateral hand and wrist pain. The applicant exhibited limited lumbar range of motion, lumbar paraspinal tenderness, positive straight leg raising, and positive facet loading. The attending provider appealed previously denied physical therapy. Norco was renewed. The applicant's work status, once again, was not clearly outlined.

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 Efficacy of Fluoroscopically Guided Steroid Injections in the Management of Coccydynia last updated 11/01/2007 Raj Mitra, MD, Lance Cheung, MD and Patrick Perry, MA

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, ligamentous injections, an article essentially analogous to the coccyx injection at issue, are deemed "not recommended." The MTUS Guideline in ACOEM Chapter 12, page 300 further notes that "local injections" such as the coccyx injection at issue are of "questionable merit." In this case, the attending provider did not, furthermore, definitively establish that coccyx is, in fact, the source of the applicant's pain complaints. The fact that the applicant has myofascial pain complaints, has paraspinal tenderness consequently appreciated on exam, has positive straight leg raising, and/or has positive facet loading, as noted on multiple visits, referenced above, imply a considerable lack of diagnostic clarity here as the attending provider is, by implication, suggesting that the applicant has pain which is at times myofascial in nature, at times facetogenic in nature, and at times radicular in nature. The proposed coccyx injection is, thus, not indicated both owing to (a) the considerable lack of diagnostic clarity present here and (b) the unfavorable ACOEM position on the article at issue. Accordingly, the request for Coccyx injection is not medically necessary.