

Case Number:	CM15-0102209		
Date Assigned:	06/04/2015	Date of Injury:	06/18/2007
Decision Date:	07/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 57-year-old female who sustained an industrial injury on 06/18/2007. The mechanism and initial report of the worker's injury are not found in the records reviewed. The injured worker was diagnosed as having low back pain, disc disorder, lumbar, lumbar radiculopathy, shoulder pain, disorder of coccyx not otherwise specified. Treatment to date has included conservative care, injections, and medications with pain medication management and monitoring. Currently, the injured worker complains of neck pain and lower backache. Her pain is rated a 9/10 without medications and a 6/10 with medications. Her current medications include Trazodone, Zoloft, Flexeril, Gabapentin, Imitrex, Norco, and omeprazole. She complains of an increase in her pain in her tailbone.. The treatment plan includes requesting a Coccyx injection. She is situation post coccyx injection, 01/09/2015 which provided greater than 50% pain. Relief for 2 months. A request for authorization is made for a Coccyx injection.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/309486-treatment>.

Decision rationale: The requested Coccyx injection is not medically necessary. CA MTUS and ODG are silent. <http://emedicine.medscape.com/article/309486-treatment> recommends this treatment for specific conditions after failed conservative treatment. The injured worker is post coccyx injection, 01/09/2015, which provided greater than 50% pain relief for 2 months. However, the treating physician has not adequately addressed objective evidence of derived functional improvement from previous injection such as reduction in medication, improved work restrictions or improved ADL's. The criteria noted above not having been met, Coccyx injection is not medically necessary.