

Case Number:	CM15-0188596		
Date Assigned:	09/30/2015	Date of Injury:	06/18/2007
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 18, 2007. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for a coccyx injection. The claims administrator referenced office visits dated September 16, 2015 and August 24, 2015 in its determination. The claims administrator stated that the applicant had had a prior coccygeal injection. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported multifocal complaints of neck and low back pain, 8-9/10. The applicant reported issues with transportation difficulties. The applicant had to borrow a friend's car to attend the appointment, it was reported. The applicant's medication list included Desyrel, Zoloft, Flexor, Neurontin, Imitrex, Norco, and Prilosec, it was reported. The applicant was obese, with a BMI of 34. The attending provider appealed the previously denied coccygeal injection. The attending provider noted that the applicant had superimposed psychiatric issues with psychoses which apparently included hearing voices. Ancillary complaints of anxiety were also reported. Imitrex and Norco were renewed. The applicant's work status was not detailed, although it did not appear that the applicant was working.

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 Official Disability Guidelines: Hip & Pelvis - Coccygectomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for a coccyx injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, invasive techniques such as the coccyx injection in question are deemed "of questionable merit". The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that ligamentous injections, i.e., a procedure essentially analogous to the coccyx injection in question are likewise deemed "not recommended". The request in question, moreover, is framed as a request for a repeat injection. However, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not clearly reported on September 16, 2015, suggesting that the applicant was not, in fact, working. The applicant remained dependent on a variety of opioid and non-opioid agents to include Norco, Imitrex, Neurontin, Flexeril, Desyrel, etc.; it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior coccygeal injection through the date of the request. Therefore, the request was not medically necessary.