

Case Number:	CM15-0209542		
Date Assigned:	10/28/2015	Date of Injury:	06/05/2015
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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 is a 37 year old male, who sustained an industrial injury on 06-05-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for L4 fracture, L5-S1 disc herniation with foraminal stenosis, facial paresthesia, lumbosacral degenerative disc disease, and T5-6 and T10 compression fractures. Medical records (06-16-2015 to 09-22-2015) indicate ongoing headaches, neck pain, and low back pain. Pain levels were rated 6-9 out of 10 in severity on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the lumbar spine, dated 08-28-2015, revealed diffuse tenderness to the lumbar paraspinal muscles, moderate coccyx pain, restricted range of motion, and positive Kemp's test bilaterally. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that x-rays of the lumbar spine showed no changes in compression fractures, and a CT scan of the lumbar spine showed very mild degenerative changes, and minimal compression fracture of the superior end-plate of the L4 vertebral body. The request for authorization (08-28-2015) shows that the following procedure was requested: coccyx injection. The original utilization review (10-01-2015) non-certified the request for 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: The Claims Administrator did not cite any medical evidence for its decision.

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: Sacroiliac injections.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, injections are only recommended after 6weeks of aggressive conservative care with little evidence of any long term benefit. It is unclear why provider wants to perform this procedure. Patient has known L4 lumbar fracture. Lumbar MRI and CTs do not show any coccyx pathology and there is only moderate coccyx pain compared to low back pain. Patient has ongoing physical therapy for neck and low back and it is unclear what "conservative" care has actually been attempted for claimed coccyx pain. Documentation does not support coccyx injection. The request is not medically necessary.