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| Case Number: | CM15-0043890 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 08/03/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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 52 year old male, who sustained an industrial injury on 8/03/2014. Diagnoses have included chronic coccyx pain > 3 months. Treatment to date has included medications and acupuncture. Per the Primary Treating Physician's Progress Report dated 2/13/2015, the injured worker reported pain in the coccyx rated as 2/10 associated with burning pain in the buttock region. Physical examination revealed pain to palpation of the coccyx area. Physical therapy and magnetic resonance imaging (MRI) of the lumbosacral spine were recommended and authorization as requested on 2/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbosacral spine, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical Therapy, Lumbosacral spine, 6 sessions, is medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has pain in the coccyx rated as 2/10 associated with burning pain in the buttock region. Physical examination revealed pain to palpation of the coccyx area. The treating physician has documented the medical necessity for a current trial of physical therapy, to include instruction and supervision of a final transition to a dynamic home exercise program. The criteria noted above having been met, Physical Therapy, Lumbosacral spine, 6 sessions is medically necessary.

MRI (magnetic resonance imaging), Lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-299. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI (magnetic resonance imaging), Lumbosacral spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has pain in the coccyx rated as 2/10 associated with burning pain in the buttock region. Physical examination revealed pain to palpation of the coccyx area. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI (magnetic resonance imaging), Lumbosacral spine is not medically necessary.