

Case Number:	CM15-0053818		
Date Assigned:	03/27/2015	Date of Injury:	10/29/2014
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on October 29, 2014. She reported a slip and fall injury landing on her buttocks and back. The injured worker was diagnosed as having sprain thoracic region and sprain lumbar region. Treatment to date has included diagnostic studies, physical therapy, medication and injection. On March 19, 2015, the injured worker complained of pain in the lumbar spine and coccyx area. The pain was described as moderate, intermittent, constant, sharp and burning. The treatment plan included medications and modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management & Rehabilitation consultation with option to treat, Lumbar Spine:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in October 2014 with trauma over the coccyx and continues to be treated for low back and buttock pain. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has complaints and a history of injury consistent with coccygodynia. There may be other treatments such as cushions, manipulation, therapy, or interventional procedures that would improve her condition. Therefore the requested consultation for possible treatment is medically necessary.