

<b>Case Number:</b>	CM14-0121835		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for back, neck, and shoulder pain reportedly associated with industrial injury of January 14, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; muscle relaxants; and unspecified amounts of psychotherapy over the course of the claim. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for MRI imaging of the coccyx. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported persistent complaints of low back pain, hip pain, and right leg pain. The applicant also had complaints of shoulder and neck pain. The applicant was in the process of seeing both the psychologist and physiatrist. Positive straight leg raising was noted about the lumbar spine. It was stated that electrodiagnostic testing of the lower extremities and MRI imaging of the [lumbar spine/low back/coccyx] were pending. Flexeril and Tramadol were endorsed. The applicant's work status was not clearly stated, 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:

**MRI scan of the coccyx:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, MRIs, indication for imaging - magnetic resonance imaging adn hip and pelvis, MRI sections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there was no explicit statement (or implicit expectation) that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine and/or coccyx on or around the date in question. The multifocal nature of the applicant's complaints and lack of focal neurologic deficits involving the lower extremities suggested that there was no implicit expectation that the applicant would act on the results of the proposed MR imaging and/or consider surgical intervention were it offered. Therefore, the request is not medically necessary.