

Case Number:	CM14-0154320		
Date Assigned:	09/23/2014	Date of Injury:	06/19/2004
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 52-year-old male who reported an injury on 05/19/2004. He reportedly had an industrial injury, sustaining injury to his bilateral ankles. The injured worker's treatment history included physical therapy, pool therapy, acupuncture sessions, a functional restoration program, and a HELP program. The injured worker was evaluated on 08/21/2014, and it is documented the injured worker complained of pain along the neck and lower back with radiation to the left leg, rated at 8/10 on the pain scale. The injured worker reported he was performing his home exercises as outlined by prior physical therapy. Physical examination of the lumbar spine revealed paravertebral muscles, spasm and tenderness was noted on both sides. Straight leg raising test was positive on both sides. The injured worker had an MRI study on 07/31/2014 of the cervical spine that revealed bony and disc degenerative changes at multiple levels. Mild bilateral foraminal narrowing and mild anterior flattening of the cord at C3-4 was noted. Diagnoses included disc disorder of the lumbar, lumbar radiculopathy, and knee pain. The request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coccyx joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Efficacy of Fluoroscopically Guided Steroid

Injections in the Management of Coccydynia last updated 11/1/2007 Raj Mltra MD, Lance Cheung MD, and Patrick Perry MA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis. Sacroiliac Joint Blocks

Decision rationale: Per the Official Disability Guidelines (ODG), coccyx joint injections are recommended as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative care therapy. The diagnosis is also difficult to make, as the pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra articular ligaments). Pain may radiate into the buttock, groin, and entire ipsilateral lower limb, although if pain is present above L5, it is thought to be from the SI joint. Coccydynia is a rare but painful disorder characterized by axial coccygeal pain which is typically exacerbated by pressure. Management includes physical therapy/rectal manipulation, and use of anti-inflammatory medications, modality use, coccygectomy, and fluoroscopically guided steroid injections. The documents submitted for review failed to indicate the injured worker complaining of coccyx joint pain. There were no objective findings directed to the coccyx which support the need of the request. As such, the request for a Coccyx joint injection is not medically necessary.