

<b>Case Number:</b>	CM14-0197779		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 27 year old male with an August 1, 2013 date of injury. A progress note dated August 25, 2014 documents subjective findings (constant lumbar spine pain; worse pain in the sacrum and coccyx; pain radiates to the upper back; continues to have problems with activities of daily living), objective findings (able to stand on toes and heels; tenderness in the lower lumbar area; decreased range of motion of the lumbar spine), and current diagnoses (lumbar strain, rule out herniated disc and coccydynia). Treatments to date have included x-ray of the sacrum and coccyx (December 6, 2013; showed no acute process involving the sacrum and coccyx; mild osteoarthritis of the sacroiliac joints with joint space narrowing), magnetic resonance imaging of the sacrum and coccyx (March 20, 2014; showed findings consistent for a fluid collection eccentric to the left at the level of the sacrococcygeal junction positioned in the subcutaneous fat that could represent a posttraumatic hemorrhage with seromatous transformation), and medications. The treating physician documented a plan of care that included computed tomography of the sacrum and coccyx.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of sacrum and coccyx:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, CT (Computed Tomography).

**Decision rationale:** The patient continues to have constant pain in the low back, sacrum, and coccyx. The current request is for CT scan of the sacrum and coccyx. The ODG has this to say regarding CT scan of the low back. Not recommended except for indications below for CT: Thoracic spine trauma; lumbar spine trauma, with neurological deficit; myelopathy related to trauma or infection; or to evaluate pars defect not identified on plain x-ray. In this case, an MRI scan of the lumbar spine was performed on 3/20/14 and showed no evidence of fracture or dislocation. The diagnosis appears to be clearly established from the previous MRI and the current request offers no documentation to establish medical necessity for another diagnostic study. As such, the recommendation is for denial. The request is not medically necessary.