

Case Number:	CM14-0214643		
Date Assigned:	01/07/2015	Date of Injury:	11/07/2012
Decision Date:	02/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Physical Medicine & Rehabn

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 patient is a 43 year old male with the injury date of 11/07/12. Per physician's report 11/12/14, the patient has 90% pain in the coccyx and tail bone region and 10% pain in his legs. The patient has received medications, ice, cortisone shots, epidural steroid injections, coccygeal injections, acupuncture, chiropractic treatment and physical therapy with no relief. Palpation produces pain in the lumbosacral region at L5-S1 all the way down to the coccygeal region. The lists of diagnoses are: 1) Chronic coccygeal pain s/p blunt trauma 05/13/13 2) Coccydynia s/p three injections to his back, two epidurals, one coccyx 3) EMG/NCS abnormality 01/10/14 reveal right ankle tarsal tunnel syndrome as well as chronic abnormality of the right L5 nerve root and right first S1 nerve root, both likely chronic 4) Lumbar x-rays 08/22/13 reveal no evidence of instability; spondylosis most notable at L5-S1 slight in nature. The treater requested for the authorization of coccygectomy. Per 10/20/14 progress report, the patient remains off work. The patient's right ankle has been improved with physical therapy. Flexeril helps his low back pain. Per 10/17/14 progress report, the patient had posterior tibial nerve release on 08/07/14. Per 09/26/14 progress report, numbness in his right ankle has been improved. He has been weight bearing in the fracture walker more and he started to notice a lightly soft, tender mass distal to the incision. Edema in the left ankle has been improved. The lists of diagnoses are: 1) Nerve impingement 2) Foot pain. The utilization review determination being challenged is dated on 12/17/14. Treatment reports were provided from 04/08/14 to 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace (purchase): 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low back chapter, Lumbar supports

Decision rationale: The patient presents with pain and weakness in his coccyx, tail bone, and legs. The patient is status post (s/p) posterior tibial nerve release on 08/07/14. The request is for purchase of lumbar back brace. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. Per 11/12/14 progress report, the treater requested for the authorization of coccygectomy. There is no medical need for lumbar bracing following this surgery. The request is not medically necessary.