

<b>Case Number:</b>	CM15-0128584		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/10/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: California

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:

The injured worker was a 55 year old female, who sustained an industrial injury, August 10, 2014. The injury was sustained when the injured worker fell out of a tree. The injured worker landed in a seated position. The injured worker previously received the following treatments Hydrocodone, Meloxicam, 6 sessions of physical therapy, epidural steroid injection to the coccyx, bilateral S2, S3 and S4 caudal epidural steroid injection on April 2, 2015 and home exercise program. The injured worker was diagnosed with Coccyx fracture, CRPS (complex regional pain syndrome) and coccydynia. According to progress note of June 10, 2015, the injured worker's chief complaint was coccyx and sacral pain. The physical exam noted tenderness of the coccyx. The x-rays of June 10, 2015 showed lumbar spine with mild spondylosis and coccyx fracture. The MRI of the lumbar spine showed multilevel mild degenerative disc disease. The CT scan showed a coccyx fracture. The physical therapy progress note of May 29, 2015, the injured worker was complaining of pain 4 out of 10 at rest and 8 out of 10 with activity. The injured worker was referred back to physical therapy for modifications and updating the home exercise program. The injured worker reported the pain was worse with sitting, ascending and descending stairs, lifting and carrying objects and driving. The pain was relieved by lying on the side, pain medications, ice application and rest. The injured worker described her activity level as high. The treatment plan included physical therapy for the low back, sacrum / coccyx CT scan and interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 (low back): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with coccyx and sacral pain. The request is for PHYSICAL THERAPY 2 X 4 (LOW BACK). The request for authorization is dated 06/11/15. X-rays of the lumbar spine, 08/11/14, shows no acute osseous abnormality of the lumbosacral spine, and on 06/10/15, shows mild spondylosis and coccyx fracture. MRI of the lumbar spine and sacrum, 03/13/15, shows S5 fracture healed; coccyx joint widening; mild L3-S1 spondylosis. CT of the Sacrum and Coccyx, 09/09/14, shows mildly angulated fracture of the fifth sacral segment with minimal posterior subluxation of the coccyx. Patient received a coccyx injection on 04/02/15. Physical examination revealed marked tenderness of the lower sacrum and coccyx. No tenderness of spinous processes, paraspinal muscles, PSIS/SIJ, Greater Trochanters, Piriformis. Pain provoked by palpation and sitting. Per progress report dated 06/10/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, physical therapy note dated 01/13/15, shows the patient has attended 8 visits of physical therapy. And physical therapy notes from 03/04/15 - 03/24/15, shows 6 additional visits of physical therapy. The request for 8 additional sessions of physical therapy would exceeds what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

**CT sacrum/coccyx: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The patient presents with coccyx and sacral pain. The request is for CT SACRUM/COCCYX. The request for authorization is dated 06/11/15. X-rays of the lumbar spine, 08/11/14, shows no acute osseous abnormality of the lumbosacral spine, and on 06/10/15, shows mild spondylosis and coccyx fracture. MRI of the lumbar spine and sacrum, 03/13/15, shows S5 fracture healed; coccyx joint widening; mild L3-S1 spondylosis. CT of the Sacrum and Coccyx, 09/09/14, shows mildly angulated fracture of the fifth sacral segment with minimal posterior subluxation of the coccyx. Patient received a coccyx injection on 04/02/15. Physical

examination revealed marked tenderness of the lower sacrum and coccyx. No tenderness of spinous processes, paraspinal muscles, PSIS/SIJ, Greater Trochanters, Piriformis. Pain provoked by palpation and sitting. Per progress report dated 06/10/15, the patient is temporarily totally disabled. ACOEM Guidelines page 309 states under CT scan states, recommendation is made when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG Guidelines under the hip and pelvis chapters has the following regarding computed tomography, "Indicated for sacral insufficiency fractures, suspected osteoma, subchondral fractures and failure of close reduction." Treater does not discuss the request. In this case, the patient continues with coccyx and sacral pain. Previous CT of the sacrum and coccyx, 09/09/14, shows mildly angulated fracture of the fifth sacral segment with minimal posterior subluxation of the coccyx. At this time, there appears to be no new injury or imaging findings to warrant further investigation with a repeat CT scan. And review of provided medical records lack sufficient physical examination findings to warrant a repeat CT scan. Therefore, the request IS NOT medically necessary.

**Interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118 to 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The patient presents with coccyx and sacral pain. The request is for INTERFERENTIAL UNIT. The request for authorization is dated 06/11/15. X-rays of the lumbar spine, 08/11/14, shows no acute osseous abnormality of the lumbosacral spine, and on 06/10/15, shows mild spondylosis and coccyx fracture. MRI of the lumbar spine and sacrum, 03/13/15, shows S5 fracture healed; coccyx joint widening; mild L3-S1 spondylosis. CT of the Sacrum and Coccyx, 09/09/14, shows mildly angulated fracture of the fifth sacral segment with minimal posterior subluxation of the coccyx. Patient received a coccyx injection on 04/02/15. Physical examination revealed marked tenderness of the lower sacrum and coccyx. No tenderness of spinous processes, paraspinal muscles, PSIS/SIJ, Greater Trochanters, Piriformis. Pain provoked by palpation and sitting. Per progress report dated 06/10/15, the patient is temporarily totally disabled. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Treater does not discuss the request. Treater does not mention whether the request is for a rental or purchase. In this case, MTUS supports a 30-day trial before an IF unit is recommended. A successful trial with pain reduction and functional improvement is required, if indicated. Therefore, given that the patient has not trialed a 30-day use, the request IS NOT medically necessary.