

Case Number:	CM15-0176700		
Date Assigned:	09/17/2015	Date of Injury:	11/12/2013
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60 year old male who sustained an industrial injury on November 12, 2013. An initial orthopedic evaluation dated July 23, 2015 reported current subjective complaint of "50% of his pain is in his low back and buttock area, especially the tailbone because he cannot sit on it for a prolonged period of time." He also has "left leg pain that radiates down to the foot; 50%. Current medication regimen consisted of Norco, and Protonix. He is found with allergy to Ibuprofen causing gastric upset along with Aspirin, and Tramadol gives him a headache. He is with history of tailbone fracture January 2014 of which he returned to full time job duties thereafter. He is permanent and stationary. Follow up in August 2015 reported new onset subjective complaint of stool incontinence. There is noted discussion regarding pending authorization to obtain a computerized tomography (CT) scan of the coccyx, administer a lumbar epidural injection. The plan of care noted: "It is a different presentation than I got the first time." "I'm getting a history of incontinence of bowel." Furthermore, he has very difficulty walking, and he loses balance." "I don't note any signs of myelopathy on exam but nevertheless, I do believe it is reasonable to rule out any sort of cervical compression or thoracic compression that could be the cause of this." There is also request to obtain results from magnetic resonance imaging (MRI) study date June 01, 2015. Specifically at primary follow up dated August 21, 2015 the interim history states "he has been authorized to proceed with a coccygeal injection." He did have a coccygeal computerized tomography scan done." "He did not bring the MRI report of the lumbar spine." "He also did not bring the CT scan of coccyx, but did bring radiographic study of cervical and lumbar spine for review." Current subjective complaint noted

included in the interim history section of the progress notes to include: "He has neck pain, low back pain in the lumbar region, and also pain in the tailbone where he cannot sit for a prolonged period of time." "No other symptoms or changes." "He does have some right knee as well for which he already has been authorized to see an orthopedic surgeon but has not done so yet." "He still has bowel incontinence and wears Depends for this." There is mention of referral to VA Hospital for further testing regarding incontinence. The plan of care noted referral for administration of coccygeal injection. Provided documentation showed on June 01 2015 the worker underwent a magnetic resonance imaging scan of the lumbar spine without contrast that revealed: "no evidence of fracture", "the lower sacrum/coccyx was not included in the field-of-view," "multilevel degenerative changes with disc bulges and facet arthropathy". There is recommendation for a dedicated MRI of the sacrum and coccyx. A primary treating follow up visit dated June 16, 2015 reported the following medication prescribed: Norco. There is note of the worker being transferred to a surgeon for care. At primary follow up June 09, 2015 the plan of care noted involving: "I requested an orthopedic spine consultation and transfer of care for consideration of epidural injections, surgical intervention as well as pain management for the sacral fractures." Back on January 03, 2014 at orthopedic follow up reported the plan of care noted involving prescribing a course of aquatic therapy for strengthening and conditioning treating his deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical medicine.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are history of tailbone pain, neck pain, concussion, right arm pain status post fall November 12, 2013; fecal incontinence and history of tailbone fracture. Date of injury is November 12, 2013. The request for authorization is dated August 3, 2015. According to an August 3, 2015 progress note, subjective complaints consistent ongoing tailbone pain. The injured worker is awaiting authorization for an epidural steroid injection. Objectively, there is tenderness to palpation over the tailbone. There is no clear-cut evidence of radiculopathy on physical examination. Given documentation from a November 12, 2013 date of injury, there would have been an opportunity to have physical therapy treatments. It is unclear if the request

(two times per week times four weeks) is an initial request or an additional request for physical therapy. There is no documentation of prior physical therapy progress notes. The total number of prior physical therapy sessions is not documented. In the alternative, if this is an initial request for physical therapy, the treating provider exceeded the recommended guidelines by ordering eight sessions. A six visit clinical trial is indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy, no documentation indicating the total number of physical therapy sessions and no documentation demonstrating objective functional improvement over the two-year period since the date of injury, physical therapy lumbar spine two times per week times four weeks is not medically necessary. In the alternative, if the injured worker has not received physical therapy to date, the treating provider's request for a physical therapy sessions exceeds the recommended six visit clinical trial, and physical therapy lumbar spine two times per week times four weeks is not medically necessary.

L5-S1 epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, L5 - S1 epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are history of tailbone pain, neck pain, concussion, right arm pain status post fall November 12, 2013; fecal incontinence and history of tailbone fracture. Date of injury is November 12, 2013. The request for authorization is dated August 3, 2015. According to an August 3, 2015 progress note, subjective complaints consistent ongoing tailbone pain. The injured worker is awaiting authorization for an epidural steroid injection. Objectively, there is tenderness to palpation over the tailbone. There is no clear-cut evidence of radiculopathy on physical examination. The discussion section indicates the treating provider has not reviewed the MRI of the lumbar spine. Without having reviewed the MRI lumbar spine, the treating provider is unable to corroborate the imaging studies with the injured worker's subjective complaints and objective clinical findings. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of clear-cut evidence of radiculopathy, and no documentation the injured worker has reviewed the lumbar spine magnetic resonance imaging scan to corroborate the injured worker's subjective complaints and objective clinical findings, L5 - S1 epidural steroid injection is not medically necessary.