

Case Number:	CM15-0061924		
Date Assigned:	04/07/2015	Date of Injury:	12/28/2004
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female who sustained an industrial injury on 12/28/04. The diagnoses have included status post fusion, displacement of cervical disc, cervical spondylosis, insomnia, shoulders and knees pain. Treatment to date has included medications, injections and cervical and lumbar fusion surgeries. The x-rays of the cervical spine were done on 2/24/15. The x-rays of the lumbar spine were performed on 2/24/15. Currently, as per the physician progress note dated 2/24/15, the injured worker complains of continued neck, low back, shoulders and bilateral upper and lower extremities pain. The physical exam of the cervical spine revealed tenderness to palpation decreased range of motion and decreased sensation bilaterally. There was no subjective or objective findings related to the coccyx. The physician noted that since her last visit she has had a total of 3 coccyx injections with improved symptoms. However, the improvement only lasted a few weeks. There were no previous therapy sessions noted. The medications listed are Fentanyl patch, Norco, Ambien, Imitrex and Lidocaine patch. The physician recommended radiofrequency. The physician requested treatment included coccygeal radiofrequency ablation with anesthesiologist [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

COCCYGEAL RADIOFREQUENCY ABLATION WITH ANESTHESIOLOGIST [REDACTED]

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Hip and Pelvis.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT. The records did not show details of subjective, objective or radiological findings consistent with severe coccygeal condition. There is no documentation of quantifiable percentage of significant pain relief, reduction in medications utilization and functional restoration following the 3 coccygeal injection procedures. The criteria for coccygeal radiofrequency ablation by Anesthesiologist [REDACTED] was not met.