

Case Number:	CM15-0096490		
Date Assigned:	05/26/2015	Date of Injury:	06/12/2000
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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: Preventive Medicine, Occupational 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 47-year-old female who sustained an industrial injury to her lower back on 06/12/2000 when she slipped and fell down 5 steps. The injured worker was diagnosed with lumbar disk displacement without myelopathy, lumbar degenerative disc disease and lumbosacral radiculitis. The injured worker had a fracture of the coccyx from the occupational injury. Treatment to date includes diagnostic testing, surgery, physical therapy, caudal epidural steroid injection on October 24, 2014 and medications. The injured worker underwent lumbar surgery in May 20, 2010 (procedure was not noted). The patient reports increasing pain in the sacrum coccyx area and reports difficulty sitting again. According to the treating physician's progress report on April 16, 2015, the injured worker continues to experience low back pain. Examination demonstrated tenderness to palpation in the paravertebral muscles and across the sacral/coccygeal junction. There was decreased range of motion accompanied by pain in all planes. Heel and toe walk was performed without difficulty. Sensory examination of the bilateral lower extremities was grossly intact and gait was normal. Current medications are listed as Talwin NX, Tizanidine and Zofran. Treatment plan consists of continuing with medication regimen and the current request for one X-ray of the sacrum and coccyx to rule out osteo pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) x-ray of sacrum and coccyx: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic): X-Ray.

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

Decision rationale: MTUS Guidelines support the use of x-rays if there are red flag conditions for the possibility of fracture or other bony pathology. This individual meets the Guideline criteria for x-rays. There is a history of a prior fracture and the symptoms are reported to have flared in the fracture are with an inability to sit similar to the prior fracture. An update x-ray of the sacrum/coccyx to evaluate for nonunion or other bony pathology associated with prior fracture is medically necessary and supported by Guidelines.