

<b>Case Number:</b>	CM13-0028503		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of 4/28/13. A utilization review determination dated 9/17/13 recommends certification of a diagnostic coccygeal injection and non-certification of coccygeal steroid injection. A progress report dated 6/27/13 identifies subjective complaints including, "low back pain... Pt went to QME; he found that pa has occult spina bifida (per pt) and it is the changes in her tailbone area, and the extreme nerve sensitivity that cause her such pain. She was advised there might be a surgical intervention that may help to alleviate her pain, but the first thing to try would be [REDACTED] doing an injection there." Objective examination findings identify, "myofascial tenderness lumbosacral area." Diagnoses state, "low back pain; myofascial pain; lumbosacral radiculopathy." Treatment plan recommends, "oxycodone...gabapentin...capsaicin...."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coccegeal steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Regarding the request for coccygeal steroid injection, California MTUS and ACOEM note that invasive techniques are of questionable merit, but that many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Within the documentation available for review, there is documentation that the prior utilization review certified a diagnostic coccygeal injection and there is no clear rationale for utilizing a steroid injection prior to reviewing the results of the diagnostic injection, which would indicate whether or not the patient is likely to receive any significant benefit from the injection of steroid. In light of the above issues, the currently requested coccygeal steroid injection is not medically necessary.