

Case Number:	CM13-0036686		
Date Assigned:	01/10/2014	Date of Injury:	04/28/2013
Decision Date:	12/08/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Anesthesiology, 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 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/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 43-year-old female with a 4/28/13 date of injury, when she slipped and fell and injured her lower back and sacrum. The MRI of the lumbar spine dated 8/17/13 revealed degenerative disc disease. The MRI of the sacrum dated 8/17/13 revealed mild bone marrow edema in the 5th sacral segment. The radiographs of the lumbar spine, sacrum/coccyx and pelvis (the date unknown) were negative. The patient was seen on 10/2/13 with complaints of pain in the lumbar spine and pain in the tailbone. The note stated that the patient could not tolerate NSAIDs due to burning in her stomach. Exam findings revealed tenderness to palpation over the sacrococcygeal area in the midline, pain with strength testing of the bilateral lower extremities and positive straight leg-raising test, greater on the right. The diagnosis is coccydynia, degenerative disc disease of the lumbar spine and myofascial pain in the lumbar spine. Treatment to date: work restrictions, sacroiliac belt, donut cushion, physical therapy and medications. An adverse determination was received on 10/8/13 given that coccygectomy was not recommended due to the Guidelines because of long-term moderate results and the chance of major complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

GANGLION IMPAR BLOCK INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, Sympathectomy

Decision rationale: CA MTUS does not address this issue. The ODG states that sympathectomy is not recommended. The practice of surgical, chemical and radiofrequency sympathectomy is based on poor quality evidence, uncontrolled studies and personal experience. Furthermore, complications of the procedure may be significant, in terms of both worsening the pain and producing a new pain syndrome; and abnormal forms of sweating (compensatory hyperhidrosis and pathological gustatory sweating). Therefore, more clinical trials of sympathectomy are required to establish the overall effectiveness and potential risks of this procedure.) Permanent neurological complications are common. However the Guidelines clearly state that effectiveness of ganglion blocks have poor quality evidence and may result in neurological complications. Therefore, the request for Ganglion Impair Block Injection is not medically necessary.