

<b>Case Number:</b>	CM13-0044883		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery 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:

The injured worker is a 46-year-old male who was reportedly injured on 7/29/2010. The mechanism of injury was noted as a slip and fall. The most recent progress note dated 8/6/2013, indicates that there were ongoing complaints of low back pain that radiated to both feet. The physical examination demonstrated lumbar spine positive straight leg raise causing lower back pain bilaterally, normal sensation of the bilateral lower extremities and motor strength was normal. No recent diagnostic studies were available for review. Previous treatment included physical therapy, chiropractic care, injections, and medications such as Naprosyn, hydrocodone, tramadol, Prilosec and Flexeril. A request had been made for ganglion of impar injection under fluoroscopy and was not certified in the pre-authorization process on 10/3/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ganglion of impar injection under fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patijn J, Janssen M, Hayek S, Mekhail N, Van Zundert J, Van Kleef M. 14. Coccygodynia. Pain Pract. 2010 Nov-Dec; 10(6):554-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain physician (2007) Sep 10 661-6. Ganglion impar blocks for chronic pelvic and coccyx pain.

**Decision rationale:** The ganglion impar or ganglion of Walther is a solitary retroperitoneal structure at the level of sacrococcygeal junction. It provides the nociceptive and sympathetic supply to the perineal structures. Chronic Perineal has been effectively managed by ganglion impar block. In this study, there was analysis of the feasibility, safety, and efficacy of ganglion impar block by transsacrococcygeal approach. There was also limited evidence-based medicine and clinical trials to show the long-term benefits of this procedure. It may be beneficial for short-term relief of pain as well as therapeutic and diagnostic for the clinician. After review of the medical records, there were no subjective complaints of retroperitoneal or sacrococcyx pain. Without significant documentation warranting the request procedure, this request is deemed not medically necessary.