

Case Number:	CM14-0016532		
Date Assigned:	04/11/2014	Date of Injury:	02/14/2013
Decision Date:	05/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, 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 55 year-old patient sustained an injury on 2/14/13 while employed by [REDACTED]. Request under consideration include Impar Ganglion Nerve Block Under Fluroscopy And Anesthesia. Report. MRI of the lumbar spine on 6/7/13 showed mild degenerative changes; MRI of the sacrum and coccyx on 6/7/13 showed a non-displaced acute to subacute proximal coccyx. Conservative care has included physical therapy, aquatic therapy, an epidural steroid injection, and medications. Report of 1/15/14 from the provider noted patient with no dramatic improvement from the caudal epidural steroid injection. Pain is rated at 8-9/10. Exam showed mild to moderate difficulty with position change, tenderness at the paraspinal musculature and over coccyx area with antalgic gait. Recommendation include an impar ganglion nerve block which was non-certified on 1/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPAR GANGLION NERVE BLOCK UNDER FLUROSCOPY AND ANESTHESIA:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), pages 831-832; Regional Sympathetic Block, page 706 as well as Aetna Clinical Policy Bulletin Number 0016: Back Pain- Invasive Procedures, Coccygeal ganglion (ganglion impar) block for coccydynia, pelvic pain, and all other indication.

Decision rationale: This 55 year-old patient sustained an injury on 2/14/13 while employed by [REDACTED]. Request under consideration include Impar Ganglion Nerve Block Under Fluroscopy And Anesthesia. Report. MRI of the lumbar spine on 6/7/13 showed mild degenerative changes; MRI of the sacrum and coccyx on 6/7/13 showed a non-displaced acute to subacute proximal coccyx. Conservative care has included physical therapy, aquatic therapy, an epidural steroid injection, and medications. Report of 1/15/14 from the provider noted patient with no dramatic improvement from the caudal epidural steroid injection. Pain is rated at 8-9/10. Exam showed mild to moderate difficulty with position change, tenderness at the paraspinal musculature and over coccyx area with antalgic gait. Submitted reports have not adequately demonstrated specific neuropathic symptoms and clinical findings besides tenderness consistent with coccydynia. The patient has undergone previous injections with recent caudal block without functional improvement. There is no report of failed conservative trial of therapy or medication documented. Although guidelines are silent on specific procedure of Impar Ganglion blocks, general consensus by the guidelines on sympathetic nerve blocks are not recommended as there is limited evidence to support for this procedure given the lack of evidenced-based studies indicating efficacy and improved functional outcome. The sympathetic blocks play a limited role primarily for diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. Aetna Clinical guidelines specifically states Ganglion Impar blocks for Coccydynia to be considered experimental and investigational. The Impar Ganglion Nerve Block Under Fluroscopy And Anesthesia is not medically necessary and appropriate.