

<b>Case Number:</b>	CM14-0019741		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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:

According to the records made available for review, this is a 57-year-old female with a 6/25/07 date of injury. At the time (2/10/14) of the Decision for coccygeal nerve block under fluoroscopy and anesthesia x1, there is documentation of subjective (low back pain radiating to the lower extremities) and objective (positive straight leg raise on the right, antalgic gait, and painful range of motion) findings, current diagnoses (lumbar spine radiculopathy, trochanteric bursitis, failed back syndrome, fibromyalgia/myositis, and lumbar degenerative disc disease), and treatment to date (caudal epidural injection and trochanteric bursa injection with 80% pain relief lasting for several months, physical therapy, home exercise program, and medications). There is no documentation of decreased need for pain medications and functional response following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COCCYGEAL NERVE BLOCK UNDER FLUOROSCOPY AND ANESTHESIA X1:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines INVASIVE TECHNIQUES.

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

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculopathy, trochanteric bursitis, failed back syndrome, fibromyalgia/myositis, and lumbar degenerative disc disease. In addition, there is documentation of previous caudal epidural injection and trochanteric bursa injection with 80% pain relief lasting for several months. However, despite documentation of 80% pain relief lasting for several months following previous injection, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for coccygeal nerve block under fluoroscopy and anesthesia x1 is not medically necessary.