

<b>Case Number:</b>	CM14-0132631		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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:

The patient is a 29-year-old female who has submitted a claim for disorder of the coccyx, disc disorder lumbar, low back pain, and sacroiliac pain associated with an industrial injury date of 03/25/2013. Medical records from 07/21/2013 to 07/31/2014 were reviewed and showed that the patient complained of lower back and coccyx pain graded 4-7/10. Physical examination revealed antalgic gait, tenderness and spasm over lumbar paravertebral muscles, tenderness over coccyx (with guarding) and sacroiliac joint, decreased lumbar range of motion (ROM), positive Gaenslen's, Faber's and pelvic compression tests, MMT of 5-/5 for bilateral knee flexors and 4+/5 for bilateral hip flexors, and normal sensation to light touch and deep tendon reflexes (DTRs) of lower extremities. MRI of the lumbar spine dated 05/22/2013 was unremarkable. X-ray of the lumbar spine (date not made available) was unremarkable. Treatment to date has included physical therapy, chiropractic care, TENS, Gabapentin, and Norco. Of note, PT and TENS gave moderate relief (07/17/2014). Utilization review dated 08/08/2014 denied the request for coccyx steroid injection with fluoroscopic guidance because the clinical information available did not establish medical necessity for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coccyx steroid injection with fluoroscopic guidance QTY# 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance. The patient's clinical manifestations were inconsistent with a focal neurologic deficit to suggest radiculopathy. Objective evidence and imaging studies do not provide evidence of radiculopathy. Furthermore, the patient noted moderate relief with physical therapy and TENS; thus, there was no documentation of conservative treatment failure. There was no documentation of active rehabilitation by the patient. The guidelines state that ESIs should be used in conjunction with other rehab efforts. There is no clear indication for coccyx steroid injection at this time. As such, the request is not medically necessary.