

Case Number:	CM15-0001662		
Date Assigned:	01/12/2015	Date of Injury:	10/23/2013
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female with an injury date of 10/23/13. As per progress report dated 12/02/14, the patient complains of pain in the lower aspect of the sacrum and the sacrococcygeal junction. The patient also has intermittent right proximal leg. The pain is rated at 5/10, as per the same report. As per progress report dated 12/01/14, the patient's pain worsened with prolonged walking and sitting. She has had amputation of left index and long finger --- dates of the surgery not available ---, as per progress report dated 10/16/14. In progress report dated 09/11/14, the patient reports pain on the tip of the finger along with itching sensation. In progress report dated 08/18/14, the patient complains of low back pain at 8/10. The patient has concurrent injuries including one to her left hand which are preventing her from working, as per progress report dated 12/02/14. MRI of the Lumbar Spine, 07/25/14:- Mild degenerative changes within the lumbar spine with small disc bulges at several levels, and mid fact arthropathy at L4-5 and L5-S1- Mild foraminal narrowing at L4-5- Minimal scoliosis Diagnoses, 12/02/14:- Lumbar strain-Coccygodynia The utilization review denial being challenged is dated 12/09/14. Treatment reports were provided from 07/17/14 - 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacrococcygeal nerve block; quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, coccygectomy heading

Decision rationale: The patient presents with pain in the lower aspect of the sacrum and the sacrococcygeal joint, as per progress report dated 12/02/14. The request is for bilateral sacrococcygeal nerve block; quantity 2. The patient has been diagnosed with lumbar strain and coccygodynia. She has intermittent pain in the right proximal leg as well but the treater states that the sacrococcygeal pain is the main issue. In progress report dated 12/02/14, the patient rates the pain as 5/10. She has had amputation of left index and long finger, as per progress report dated 10/16/14. The patient has concurrent injuries including one to her left hand which are preventing her from working, as per progress report dated 12/02/14. There is no discussion in any of the guidelines regarding "scarococcygeal nerve block." Such nerve does not exist and the treater may be referring to "coccygeal nerve" injection, or "sacrococcygeal" joint injection, or even caudal ESI. The utilization review denied the request addressing it as an ESI. This patient does present with coccyx pain an injection of the coccyx, around the area of pain is often tried. ODG guidelines under low back chapter, coccygectomy heading has the following: "For selection of patients, the best candidates are those with abnormal movement of the coccyx, those with a history of injury to the coccyx, and those for whom corticosteroid injections have given some pain relief, even if it was only temporary. " ODG does talk about injection into this area. However, the treater talks about "sacrococcygeal" nerve block with anesthesia and fluorosocope. Coccyx injection does not require fluoroscope or anesthesia other than a local block. It's fairly a superficial injection, performed around the painful area. The treater's request is not well defined. The treater talks about the injection being similar to dorsal medial branch blocks but there are no facet joints in the coccyx area. The request IS NOT medically necessary.

Fluoroscopy, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)'

Decision rationale: The patient presents with pain in the lower aspect of the sacrum and the sacrococcygeal joint, as per progress report dated 12/02/14. The request is for flourosocopy, quantity 1. The patient has been diagnosed with lumbar strain and coccygodynia. She has intermittent pain in the right proximal leg as well but the patient states that the sacrococcygeal pain is the main issue. In progress report dated 12/02/14, the patient rates the pain as 5/10. She has had amputation of left index and long finger, as per progress report dated 10/16/14. The patient has concurrent injuries including one to her left hand which are preventing her from working, as per progress report dated 12/02/14. ODG guidelines, chapter 'Low Back - Lumbar &

Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)', has this to say about fluoroscopy "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy."In this case, some progress reports are hand-written and not very legible. The treater is requesting for a sacrococcygeal nerve block. The requested procedure is not indicated due to lack of clarity. Use of Fluoroscope would not be indicated. The request IS NOT medically necessary.

Anesthesia; quantity 1: 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 chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)

Decision rationale: The patient presents with pain in the lower aspect of the sacrum and the sacrococcygeal joint, as per progress report dated 12/02/14. The request is for ANESTHESIA, QUANTITY 1. The patient has been diagnosed with lumbar strain and coccygodynia. She has intermittent pain in the right proximal leg as well but the patient states that the sacrococcygeal pain is the main issue. In progress report dated 12/02/14, the patient rates the pain as 5/10. She has had amputation of left index and long finger, as per progress report dated 10/16/14. The patient has concurrent injuries including one to her left hand which are preventing her from working, as per progress report dated 12/02/14.ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESs)', state "...sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided."In this case, even if coccyx injection was indicated, the injection does not require anesthesia as it is a local injection. There is no guidelines support for anesthesia for this type of procedure. The request IS NOT medically necessary.