

<b>Case Number:</b>	CM15-0101088		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Pennsylvania, Ohio, 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 injured worker is a 47 year old, male who sustained a work related injury on 11/12/08. The diagnoses have included status post lumbar fusion, spondylolisthesis lumbar spine, lumbar instability and chronic pain syndrome. Treatments have included lumbar spine surgery, use of cane or electric wheelchair on occasion and medications. In the Primary Treating Physician's Orthopedic/Spine Surgery Re-Evaluation note dated 4/1/15, the injured worker complains of pain in lower back with pain radiating to the tailbone. He states he has numbness and weakness on both legs. He rates this pain level a 7-9/10. He has muscle spasms palpable over lumbar spinous processes with him relaxed lying prone. Range of motion in lumbar area limited due to pain. Straight leg raise above 50 degrees positive bilaterally. Lasegue test positive bilaterally. The treatment plan includes a request for authorization for pain management ganglion impair block injection for intractable coccydynia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Ganglion Impair Block Injection for Coccydynia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vydyanathan, A. & Narouze, S. N. (2001). Ultrasound-Guided Caudal, Ganglion Impar, and Sacroiliac Joint Injections. In Atlas of

Ultrasound-Guided Procedures in Interventional Pain Management (pp. 179-189). Springer New York.

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

**Decision rationale:** ACOEM states that invasive techniques in low back pain are of questionable merit. This particular procedure is not specifically discussed in MTUS, ACOEM, or ODG. The records do not clearly provide a rationale to support the stated diagnosis and treatment plan. The request is not medically necessary.