

<b>Case Number:</b>	CM14-0161568		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/12/1999
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 & 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:

The injured worker is a 51-year-old male who reported an injury on 01/12/1999 after he was on a rack fell into a pit 20 feet and extended his legs to his back area. The injured worker complained of lumbar pain. The injured worker had diagnoses of lumbar spondylosis, lumbar sprain/strain, status post fall, lower extremity complex regional pain syndrome, right knee sprain/strain, right upper extremity complex regional pain syndrome, and lumbar radiculopathy. Prior diagnostics included MRI and x-ray. Past treatments included a functional capacity evaluation, physical therapy, medication, and epidural steroid injections. Prior surgery included a right knee arthroscopy. The medication included Butrans patch, Cymbalta, and Lunesta. The injured worker rated his pain 7/10 at worst, 3/10 at best, and 5/10 on average using the VAS. The physical examination dated 03/17/2014 of the lumbar spine revealed improved range of motion with Flexion at 20 degrees and extension at 15 degrees. Mild pain with facet loading and mild facet tenderness to palpation bilaterally, much improved from prior examinations. The treatment plan included a sacrococcygeal ligament injection. The Request for Authorization was not provided with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Sacrococcygeal ligament injection, as an outpatient for persistent radicular pain in bilateral lower extremities, submitted diagnosis of reflex sympathetic dystrophy, lumbar spondylosis, lumbar radiculopathy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The request for 1 Sacrococcygeal ligament injection, as an outpatient for persistent radicular pain in bilateral lower extremities, submitted diagnosis of reflex sympathetic dystrophy, lumbar spondylosis, lumbar radiculopathy is not medically necessary. The California MTUS/ACOEM indicates that invasive techniques are of questionable merit. Although epidural steroid injections may provide short improvement in leg pain and sensory deficits in patients with nerve root compression due to herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The guidelines indicate that invasive techniques are of questionable merit. The clinical notes indicate that the injured worker had a radiofrequency ablation at the L4-5 and L5-S1 facet joints on 03/04/2014. The clinical notes indicates that he continues to have adequate analgesia on his current pain medication regimen, and indicates his medications are effective in treating his back pain. The request did not specify a spinal level of injection. As such, the request is not medically necessary.