

Case Number:	CM15-0019219		
Date Assigned:	02/09/2015	Date of Injury:	12/21/1998
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 sustained an industrial injury on 12/21/98. The injured worker has complaints of back pain. The pain is an ache, burning, deep, sharp and shooting that is aggravated by ascending stairs, bending, daily activities, defecation, descending stairs, extension, flexion, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting and walking. Magnetic Resonance Imaging (MRI) findings lumbar spondylosis and sacral spondylosis with degenerative disc disease/ degenerative joint disease facet arthropathy. The diagnoses have included sacroilitis and myalgia and myositis, unspecified. The PR2 dated 6/27/14 noted that epidural steroid injections and sacroiliac joint procedures were not supported, there was no discopathy. The documentation noted on 12/22/14 noted that facet procedure is recommended, does not support epidural steroid injections and sacroiliac joint procedure. Documentation noted on 2/9/15 the injured worker had a ganglion impar, bilateral sacrococcygeal ligament and nerve injection with cinefluoroscopy and fluoroscopically guided needle placement. According to the utilization review performed on 1/6/15, the requested Sacrococcygeal Ligament Injection with Impar Ganglion Block has been non-certified. Official Disability Guidelines 2014 Low Back Guidelines were used in the utilization review. There was no documentation of physical findings indicating of sacrococcygeal ligament

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacrococcygeal Ligament Injection with Impar Ganglion Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ligamentous injections <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, Ligamentous injections "not recommended. Ligamentous injections involve the injection of various substances (especially sclerosing agents) into interspinal ligaments and ligamentous muscle attachments in the low back. The theory behind such treatment is that this stimulates formation of scar tissue in ligaments. Ligamentous and sclerosant injections are invasive and not recommended in the treatment of patients with acute low back problems. The injections can expose patients to serious potential complications. (Bigos, 1999) (Nelemans-Cochrane, 2000) (Nelemans, 2007) Note: one major evidence based guideline has concluded that trigger point and ligamentous injections are likely to be beneficial for chronic low back pain. (VanTulder-BMJ, 2004) See also Prolotherapy (sclerotherapy) & Trigger point injections."The patient developed a chronic back pain. Based on the above, the request for Sacrococcygeal Ligament Injection with Impar Ganglion Block is not medically necessary.