

<b>Case Number:</b>	CM15-0110559		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female with an industrial injury dated 03/20/2009. The injured worker's diagnoses include shoulder pain and status post right shoulder surgery on 2/26/2015. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, X-ray of lumbar spine, Magnetic Resonance Imaging (MRI) of right shoulder, prescribed medications, and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker reported bilateral shoulder pain. The injured worker rated pain a 4/10 with medications and an 8/10 without medications. Objective findings revealed tenderness to palpitation of bilateral shoulders, restricted range of motion in the right shoulder and hyperesthesia over C6 dermatomal on the right side. The treating physician prescribed services for Coccyx injection now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Coccyx injection:** 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 Pain Physician. 2007 Nov; 10(6): 775-8. Efficacy of

fluoroscopically guided steroid injections in the management of coccydynia. Mitra R, Cheung L, Perry P. [REDACTED]

**Decision rationale:** This claimant was injured in 2009. There was a right shoulder surgery on 2-26-15. There is a 4 point VAS improvement with medicines. There is pain in the shoulders, and hyperesthesia over C6 dermatome. The rationale for coccygeal injections is not clear. The ACOEM and ODG guides were both carefully studied in regards to coccygeal injections; they are silent on the procedure. A National Library of Medicine (MEDLINE) search was therefore conducted. One article notes: Pain Physician. 2007 Nov; 10(6): 775-8. Efficacy of fluoroscopically guided steroid injections in the management of coccydynia. Mitra R, Cheung L, Perry P. [REDACTED]

[REDACTED] is a rare but painful disorder characterized by axial coccygeal pain which is typically exacerbated by pressure. Management includes physical therapy/rectal manipulation, use of anti-inflammatory medications, modality use, coccygectomy, and fluoroscopically guided steroid injections. There are no studies documenting the efficacy of fluoroscopically guided coccygeal steroid injections in patients with coccydynia. **METHODS:** Retrospective chart review was used to collect data on 14 consecutive patients diagnosed with coccydynia who underwent a fluoroscopically guided coccygeal injection of 80 mg triamcinolone acetate and 2mg of 1% lidocaine over a 3-year period at a tertiary care academic medical center. Patients with acute pain (less than 6 months) are more likely to respond to fluoroscopically guided coccygeal steroid injections. Given the lack of rationale for the injection, the request is not certified.