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| Case Number: | CM15-0176364 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 01/25/2014 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

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:

This 46 year old male sustained an industrial injury on 1-25-14. The injured worker is being treated for lumbar sprain and strain. Treatments to date include MRI testing, a home exercise program and prescription medications. The injured worker has continued complaints of low back and coccyx pain. The pain has affected the injured worker's activity level. Upon examination, there is tenderness to palpation of the distal coccyx. There is tenderness to palpation of the distal sacrum. A request for Ganglion of impar block fluoroscopy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ganglion of impar block fluoroscopy: 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), Hip & Pelvis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 104 of 127. Key points for this review are: this claimant was injured in 2014 with a lumbar sprain and strain. Treatments to date include MRI testing, a home exercise program and prescription medications. The injured worker has continued complaints of low back and coccyx pain. An Impar ganglion block is a form of sympathetic block. Per the MTUS, regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, or lumbar sympathetic block) recommendations are generally limited to diagnosis and therapy for CRPS. In regards to stellate ganglionic block, there is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects. Given the lack of evidentiary support for safety and efficacy, I am averse to recommending certification for this claimant. The request was appropriately non-certified and therefore is not medically necessary.