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Notice of Independent Review Decision

DATE OF REVIEW: March 6, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ganglion impar block injection with fluoroscopy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Diplomate of the American Board of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (10/15/08 & 02/10/09)

UR Department

- Diagnostics (05/28/08, 06/18/08)
- Office visits (09/16/08 – 10/08/08)
- Utilization reviews (10/15/08 & 02/10/09)

[ODG and National Guidelines Clearinghouse criteria have been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who fell from the stairs on xx/xx/xx, landing on her buttocks and injuring her tailbone area.

Magnetic resonance imaging (MRI) of the lumbar spine obtained in May 2008 revealed mild degenerative disc changes at L5-S1 without evidence of central spinal canal stenosis or neural foraminal stenosis.

Computed tomography (CT) of the lumbar spine obtained in June 2008 showed findings suggestive of fracture of the second coccygeal bone with about 2 mm anterior subluxation.

On September 16, 2008, M.D., an orthopedic surgeon, noted that the patient had undergone conservative treatment with medications including Lortab and Tylenol, modified duty work, a donut for sitting, yet complained of tailbone pain and stiffness on prolonged sitting. The patient was a known case of diabetes mellitus. Examination revealed sharp shooting pains along the tailbone area with back bends and tenderness over the sacrum, more over the coccyx. Dr. reviewed the MRI and CT of the lumbar spine and assessed coccydynia secondary to fracture/dislocation with anterior subluxation, recommended injection treatment and a possible coccygectomy procedure.

On October 8, 2008, M.D., a pain management physician, noted sharp/stabbing with tingling/burning/throbbing tailbone pain radiating to the right buttock. Examination revealed allodynia of the tailbone with pain over the tailbone area. Dr. assessed chronic coccydynia that failed to respond to conservative treatment; prescribed Naprelan and Cymbalta, and requested diagnostic ganglion impar block.

On October 15, 2008, M.D., denied the request for ganglion impar block with the following rationale: *“Based upon the available documentation and the Official Disability Guidelines, I respectfully do not recommend the request for ganglion impar block to be reasonable or medically necessary at this time. The outcome from the recent treatment with medication changes is not noted. I spoke to Dr. with no report regarding the outcome of new treatment plan in regards to the use of non-steroidal anti-inflammatory drugs (NSAIDS) and Cymbalta.”*

On February 10, 2009, the appeal for ganglion impar block was denied by M.D., with the following rationale: *“The patient has not had physical therapy (PT) yet. The patient is able to work full time. The patient has not been seen in almost four months to verify if the findings and symptoms continue. For these reasons the injection is denied.”*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Patient with documented coccygeal fracture and coccygodynia for which a ganglion impar block is extremely reasonable and within criteria for any reasonable medical plan and well within reason as a component of any rational interventional plan.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

ASIPP GUIDELINES