MAXIMUS Federal Services

Case Number:	CM13-0044319		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2002
Decision Date:	08/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Medicine 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:

This patient's date of injury is 06/07/2002. The records from the original injury were not made available. The patient receives treatment for chronic posterior neck and upper and lower back muscle spasms and pain. For the diagnosis of complex regional pain syndrome, the patient underwent a stellate ganglion block procedure on 03/26/2013. The patient also received Botox injections in the cervical region on 03/28/2013 for tendinopathy, dystonia, and thoracic outlet syndrome. The treating physician requested platelet rich plasma therapy in the PR-2 report dated 09/04/2013 for the following diagnoses: lumbar radiculopathy, cervical myofascial pain, and tendinopathy. There was no recording of any clinical findings on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PLATELET RICH PLASMA INJECTION FOR BILATERAL NECK AND SHOULDER: 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 Other Medical Treatment Guideline or Medical Evidence: ClinicalTrials.gov http://clinicaltrials.gov/ct2/results?term=Platelet-rich+Plasma&Search=Search.

Decision rationale: Neither MTUS, ODG, nor ACOEM guidelines address treatment with platelet rich plasma. UpToDate, a well respected peer reviewed source, does not review this form of treatment either. The injection of platelet rich plasma is considered experimental for any and all treatment applications at this time. While there are a number of ongoing clinical trials, there is no conclusive data that the treatment is either as safe as or more beneficial than existing standard medical treatment. Administration of plasma rich platelets is not medically indicated and not medically necessary.