

<b>Case Number:</b>	CM13-0048201		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/26/2000
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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:

The patient is a 44-year-old male who reported an injury on 12/26/2000. The mechanism of injury was not provided for review. Prior treatments included medications, physical therapy, and aquatic therapy. The patient's most recent clinical documentation submitted for review dated 12/02/2013 indicated the patient was status post lumbar fusion with retained hardware. It was noted the patient has significant pain complaints. Physical findings included assisted ambulation with a cane, tenderness to palpation, and guarding with muscle spasms of the lumbar spine. The patient's diagnoses included chronic lumbar pain with radiculopathy and history of lumbar surgeries with retained hardware. The patient's treatment plan included a platelet rich plasma injection to the lumbar spine and continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRP Injection for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The requested PRP (platelet rich plasma) injection for the lumbar spine is not medically necessary or appropriate. The Official Disability Guidelines (ODG) do not recommend the use of this type of injection therapy as there is little scientific evidence to support the efficacy and safety of this type of treatment to the lumbar spine. Although the clinical documentation does indicate that the patient has severe chronic low back pain radiating into the lower extremities, there are no exceptional factors to extend treatment beyond guideline recommendations. As such, the requested PRP injection for the lumbar spine is not medically necessary or appropriate.