

Case Number:	CM13-0048671		
Date Assigned:	12/27/2013	Date of Injury:	08/14/1998
Decision Date:	07/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopaedic Surgery 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:

The patient is a 45-year-old female with an industrial injury date of 8/14/1998. She continues treatment for chronic lumbar and radicular complaints. According to the evaluation report dated 5/12/2014, she has low back pain referring to the right lower extremity. Butrans has been helpful, but did cause skin irritation, so she discontinued the patch. Neurontin helps decrease in lower extremity pain at 300 mg, however, causes excessive drowsiness, but she does wish to continue the medication at a higher dose of 400 mg, as it is more effective. Kadian 10 mg was started one month ago, and is helpful in relieving pain, but disrupts her chain of thought. With medications, pain is 0-5/10, and without medications can be as high as 9/10. Pain is worse in the morning with stiffness, prior to taking her medications, as well as with prolonged walking, sitting or standing. She is best with lying supine, wearing the lumbar support and with medications. On physical examination of the lumbar spine, there is decreased lordosis, moderate to severe tenderness over the right greater than left L4-L5, and L5-S1 area, there is pain with range of motion, slight pain with right lateral rotation, and moderate pain with other planes of motion. Left Kemp's maneuver is positive, seated straight leg raise is negative, motor strength is 5/5, sensation is intact, and she has pain when going from flexion to extension. Diagnoses include: Grade 2 anterolisthesis at L5-S1; L5-S1 disc injury; Right sciatica; Status post L5-S1 fusion. Treatment is to continue Neurontin, Kadian 10 mg, and Senokot, she will also attempt Nucynta with Flector patch, and continue lumbar support. Prolotherapy was also requested. Epidural injection will be considered. She continues full duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROLOTHERAPY X 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCLEROTHERAPY (PROLOTHERAPY), 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 99-100..

Decision rationale: MTUS guidelines state Prolotherapy is not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into a joint or adjacent structures to create scar tissue in an effort to stabilize a joint. Prolotherapy has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendinitis, and plantar fasciitis. In all studies the effects of prolotherapy did not significantly exceed placebo effects. According to the guidelines, prolotherapy has not been found to be effective in treatment of various pain etiologies. The efficacy of this type of intervention has not been established. The medical records do not provide a viable rationale for an intervention that is not supported or found effective by evidence-based guidelines, and is therefore not medically necessary.