

Case Number:	CM13-0051439		
Date Assigned:	04/09/2014	Date of Injury:	02/11/1993
Decision Date:	05/07/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 is 48-year-old male, date of injury 02/11/1993. Per treating physician's report 07/29/2013, the patient has persistent thoracic pain with more pain in the neck and radiation down the arm. The patient has difficulty with activities of daily living, has mostly facet pain and thoracic innervated pain that is not getting better with conservative measures including facet injections but only transient relief. Listed diagnoses: Thoracic and lumbar facet disease, lumbar spondylosis, thoracic spondylosis, cervical radiculopathy. Recommendation was for MRI of the cervical spine, injection with platelet-rich plasma into the facet joints and multiple levels in the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC FACET PLATELET RICH PLASMA INECTIONS AT BILATERAL T4-T7 UNDER MAC ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE 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) , SHOULDER

Decision rationale: This patient presents with chronic thoracic pain. The request is for platelet-rich injection at the facet joints per treater's report 07/29/2013. CT scan of the thoracic spine from 02/22/2013 showed plate and 5 screws through T6, T7, T8, T9, and T10, osseous fusion of the posterior elements T10 to L1, cages at T6-T7, T7-T8, T8-T9, T9-T10, partial bony bridging across T6-T7 levels. MTUS and ACOEM Guidelines do not discuss platelet-rich plasma injections. ODG Guidelines under discussion of facet injection do not discuss platelet-rich plasma injections at all. Platelet-rich plasma injections are use to treat shoulder conditions but not facet joint problems or thoracic pain. Even for shoulder condition, ODG Guidelines states that this is understudy, looks promising, but it may not be ready for prime time. Even though lack of any discussion or support regarding this type of injection to the facet joints or anywhere to the thoracic spine, recommendation is for denial.