

Case Number:	CM13-0067676		
Date Assigned:	01/03/2014	Date of Injury:	08/05/2012
Decision Date:	05/20/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Rehabilitation 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 injured worker is a 44-year-old female who reported an injury on 08/05/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included chiropractic care and medications. The injured worker was evaluated on 10/22/2013. It was documented that the injured worker had multiple body part complaints to include the lumbar spine and sacroiliac joints. Physical findings included decreased range of motion of the lumbar spine with radiating pain into the right leg. The injured worker had a positive straight leg raising test and tenderness to palpation over the facet joints and paraspinal musculature. The injured worker's diagnoses included lumbar spine disc protrusions, degeneration of the lumbar intervertebral discs, right knee internal derangement, right hip myospasms, and neural foraminal stenosis. The injured worker's treatment plan included continuation of a home exercise program and consideration of platelet rich plasma injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP INJECTIONS TO LUMBAR PARASPINAL MUSCLES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines - Treatment for Workers' Compensation (TWC) Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Platelet Rich Plasma (PRP) Injections

Decision rationale: The requested Platelet Rich Plasma (PRP) injections to the lumbar paraspinal musculature are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this treatment. Official Disability Guidelines do not support the use of platelet rich plasma injections for the lumbar region as it is considered investigational and efficacy is not supported by sufficient scientific evidence. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested PRP injections to the lumbar paraspinal musculature are not medically necessary or appropriate.