

<b>Case Number:</b>	CM13-0068699		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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, 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:

The patient is a 39-year-old female with a date of injury of 5/29/12. The listed diagnoses per [REDACTED] are cervical/thoracic strain, lumbar spine gluteal strain, and sacral contusion of the SI joints. According to the report dated 11/22/13 by [REDACTED], the patient presents with persistent severe low back pain. The primary treating physician states that the cause is unknown, and that the patient is in need of a referral to [REDACTED] to consider benefits of prolotherapy. The pain is described as constant, and rated at 4-7/10 on pain scale

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROLOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PubMed reference.

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

**Decision rationale:** The MTUS guidelines state that prolotherapy is 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 structure to create scar tissue in

an effort to stabilize a joint. MTUS further states that, in all studies, the effects of prolotherapy did not significantly exceed placebo effects. As such, this type of injection is not supported by the MTUS, and is not medically necessary.