

Case Number:	CM13-0070287		
Date Assigned:	01/03/2014	Date of Injury:	07/11/2012
Decision Date:	06/04/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 07/11/2012 due to a slip and fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, chiropractic care, medications, prolotherapy and epidural steroid injections. The injured worker was evaluated on 11/26/2013. It was documented that he had continued low back pain radiating into the lower extremities rated at a 6/7. Physical examination findings included increased pain with range of motion and a positive right-sided straight leg raising test. The injured worker's diagnosis included right-sided sciatica. The injured worker's treatment plan included medications to include Ultram and Flexeril and prolotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PROLOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy.

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

Decision rationale: California Medical Treatment Utilization Schedule does not recommend the use of prolotherapy in the management of chronic pain. The clinical documentation does indicate

that the injured worker has previously undergone this conservative intervention. However, the efficacy of the previous treatments was not provided. Additionally, there are no exceptional factors stated within the documentation to support extending treatment beyond guideline recommendations. As such, the requested outpatient prolotherapy is not medically necessary or appropriate. Therefore, the request is not medically necessary.