

Case Number:	CM14-0008200		
Date Assigned:	02/12/2014	Date of Injury:	03/30/2013
Decision Date:	07/17/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine, 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 51-year-old female who has submitted a claim for back pain, myofasciitis, rule out fracture, associated with an industrial injury date of March 30, 2013. Medical records from 2013-2014 were reviewed, which showed that the patient complained of pain radiating to the groin and down to bilateral buttocks and knees, rated 6-8/10. On physical examination, gait was antalgic. There was moderate swelling and tenderness over the tailbone. There were improved erythematous multiple lesions noted on the dorsum of the hands and feet. An MRI of the lumbar spine from December 30, 2013 revealed mild multilevel degenerative disc disease with L4-5 posterior disc annular defect and small protrusion and with no central canal stenosis. Treatment to date has included medications, physical therapy, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRADISCAL PLATELET-RICH PLASMA (PRP) INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Platelet-rich-plasma (PRP).

Decision rationale: The California ACOEM/MTUS does not specifically address platelet-rich plasma (PRP) for the lower back, so the Official Disability Guidelines (ODG) were referenced instead. The Official Disability Guidelines state that PRP for the lower back is not recommended. The results of PRP in spine surgery are limited and controversial. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study. In this case, a clear rationale as well as corroborating scientific evidence supporting the requested PRP injection was not provided. There is no clear indication for the request. As such, the request is not medically necessary.