

<b>Case Number:</b>	CM14-0009845		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/20/1989
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 67-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of June 10, 1989. The medical records from 2013 to 2014 were reviewed. The patient is status post back surgery. The procedure was unspecified and undated. He subsequently developed failed back syndrome, where he had persistent pain radiating to the lower extremities. Currently, he complains of residual localized pain over the right L4-5 and L5-S1 spine. He had received a lumbar epidural injection in June 2013, and a transforaminal epidural injection and facet lumbar injection on September 8, 2013. This provided 100% lumbar spine pain relief that lasted for a month, and complete relief of leg pain for six (6) months. Overall, there was 40% reduction of low back pain with a significant improvement in functional activity tolerance. Physical examination of the lumbar spine showed focal tenderness over the L4-5 and L5-S1 facet joint on the right. An MRI of the lumbar spine obtained on April 26, 2012, revealed congenital short pedicles conspire with degenerative changes of the distal cause least moderate bilateral neuroforaminal narrowing at L4-L5, right worse than left. It also showed severe chronic discogenic degenerative changes at L5-S1 conspire with short pedicles and mild facet arthrosis to result in relatively severe left neural foraminal narrowing and moderate to severe right neural foraminal narrowing. The diagnoses were previous disc herniation and combined congenital short pedicles with associated spinal stenosis and lower extremity radiculopathy; persistent mechanical low back pain secondary to bilateral facet arthrosis and lumbar spine sprain; and L5 radicular pain, resolved. The treatment plan includes a request for four (4) treatments of osmotic proliferative injections directed to the lumbar facet joints. The treatment to date has included oral and topical analgesics, physical therapy, aquatherapy, spine surgery and epidural injections. The utilization review from January 14, 2014 denied the request for four (4) treatments of osmotic proliferative injections directed to the lumbar facet joints. This

treatment is not recommended by evidence-based medicine as an effective therapeutic option. There was also no documentation of compliance in home exercises or failure of additional more appropriate injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Four (4) treatments of osmotic proliferate injections directed to the lumbar facet joints:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 100-101.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend prolotherapy. It has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendinitis, and plantar fasciitis. In all studies the effects of prolotherapy did not significantly exceed placebo effects. In this case, the patient had received a lumbar epidural injection in June 2013, and a transforaminal epidural injection and facet lumbar injection on September 8, 2013. This provided 100% lumbar spine pain relief that lasted for a month, and complete relief of leg pain for six (6) months. It is unclear as to why prolotherapy was requested when epidural injections provided significant benefits to the patient. Furthermore, the guideline does not recommend prolotherapy, because it did not significantly exceed placebo effects. There was no compelling rationale concerning the need for a variance from the guideline. Therefore, the request for is not medically necessary.