

Case Number:	CM14-0103636		
Date Assigned:	07/30/2014	Date of Injury:	08/27/2012
Decision Date:	09/23/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/04/2014

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 Preventive 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:

According to the records made available for review, this is a 31-year-old male with an 8/27/12 date of injury. At the time (4/24/14) of request for authorization for prolotherapy for SI region and lumbar spine, there is documentation of subjective (low back pain radiating to the left leg with numbness) and objective (tenderness to palpation over the lumbar spine and sacroiliac joints, decreased lumbar range of motion, diffuse motor weakness of the lower extremities, and impaired sensation along the lateral aspect of the left leg) findings, current diagnoses (lumbosacral sprain and sacroiliac sprain with segmental dysfunction, probable ligamentous injury lumbar spine and segmental instability, left sciatic neuropathy, and tension/irritation at the left L5 level), and treatment to date (medications and home exercise).

IMR ISSUES, DECISIONS AND RATIONALES

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

PROLOTHERAPY FOR SI REGION AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCLEROTHERAPY (PROLOTHERAPY) Page(s): 105.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that prolotherapy is not recommended and that the effects of prolotherapy did not significantly exceed placebo affects. Therefore, based on guidelines and a review of the evidence, the request for prolotherapy for SI region and lumbar spine is not medically necessary.