

<b>Case Number:</b>	CM14-0108039		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Pain management 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 injured worker is 50 year old male who sustained an industrial injury on 2/15/2013 while lifting a heating, ventilation, and air conditioning unit of almost 400 pounds with four other people helping him. As he had to make an awkward step with the unit, he stepped down and felt a weird crunch in his back. He complains of lower back pain and he indicates that he gets shooting pain down the back of both of his legs. The injured worker complains of numbness and tingling down the side of his calf and in his feet. On lumbar spine exam there is no tenderness; normal to palpation without muscle spasms; tenderness on step offs. Flexion is full to 75 degrees, low back pain in the midline; bilaterally; sacral pain in the midline; bilaterally. Extension remains asymptomatic. The injured worker's medications were non-steroidal anti-inflammatories. The injured worker had physical therapy, which has made his symptoms worse. He has gotten a couple of injections with only temporary relief. On 1/23/2014, he had a procedure of bilateral transforaminal epidural steroid injection at L4-L5. The determination for intradiscal platelet rich plasma injection was previously non-certified on 6/25/2014 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intradiscal platelet rich plasma injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back , Platelets rich plasma.

**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.

**Decision rationale:** Per the Official Disability Guidelines, platelet rich plasma injection is considered in the treatment of lateral epicondylitis, after failure of first line therapy. More investigations are needed before the use of platelet rich plasma injections to be considered for the treatment of back pain. Therefore, the medical necessity of the request cannot be established due to lack of clinical based evidence and guidelines.