MAXIMUS Federal Services

Case Number:	CM14-0016715		
Date Assigned:	04/11/2014	Date of Injury:	09/23/2005
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 53-year-old female with a date of injury of 09/23/2005. The listed diagnoses per [redacted] are: 1. Degenerative lumbar disk disease. 2. Arthralgia, sacroiliac joint. 3. Cervical spondylosis without myelopathy. 4. Cervical disk degenerative disease. 5. Rotator cuff tear. According to report dated 01/22/2014 by [redacted], the patient complains of neck and low back pain. The patient has undergone prolotherapy over the lumbosacral region and the cervical region. The patient describes mostly a C5 type distribution, but also occasionally C8 numbness/tingling. MRI of the cervical spine from January 2013 revealed straightening of the normal lordotic curvature. At C3 and C4, there is a right posterolateral disk and endplate osteophyte complex causing anterior thecal sac encroachment. At C4-C5, there is mild degree of central stenosis. At C5-C6, there is another disk osteophyte complex causing pressure. At C6-C7, there is a disk protrusion causing narrowing of both neural foramen. Examination of the neck revealed "neck supple, no visible masses, no surgical scars." The physician recommends an epidural autologous platelet derivative injection, series of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

CES WITH PLATELET DERIVATIVE X 1 (EPIDURAL AUTOLOGOUS PLATELET DERIVATIVE 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) ODG GUIDELINES STATES PLATELET RICH PLASMA INJECTIONS ARE UNDER STUDY AND NOT RECOMMENDED, EXCEPT AS A SECOND LINE THERAPY FOR CHRONIC LATERAL EPICONDYLITIS.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic upper and lower back pain. The physician is requesting a cervical ESI with platelet derivative, a series of 3. The physician notes "I am typically able to get foraminal spread into these regions so both C6 and C8 are well within range of this approach." There is no specific mention of the levels that are to be injected. The MTUS Guidelines do not discuss platelet derivative injections. ODG guidelines states Platelet rich plasma injections are under study and not recommended, except as a second line therapy for chronic lateral epicondylitis. Recommendation is for denial. The request for CES with platelet derivative x 1 (epidural autologous platelet derivative injection) is not medically necessary.