

Case Number:	CM14-0112056		
Date Assigned:	08/01/2014	Date of Injury:	06/04/2012
Decision Date:	09/09/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 a 63 year-old male who reported an injury on 06/04/2012 due to opening up a wall for fire extension. He felt back pain as he twisted while lifting a fire hose. Diagnoses were disc displacement, and degenerative disc disease. Past treatments were epidural steroid injections, chiropractic therapy, acupuncture sessions, sacroiliac joint injection, and platelet rich plasma injection. Diagnostic studies were several MRIs of the spine, and x-rays. Surgical history was of left elbow surgery. The injured worker had a physical examination on 06/16/2014 that revealed the injured worker stating feeling good since the platelet rich plasma injection to the lumbar spine. He rated his pain a 3/10, and previous pain prior to injection was 8/10. The injured worker also stated thoracic spine pain still caused spasm and rigidity, especially in the middle of the night, which would wake him up. He stated the pain 7/10 and knocked the air out of him. It was noted the injured worker was sitting very stiffly. Examination of the spine revealed T9-12 right rotation with parathoracic muscle tenderness and decreased range of motion. Medications were Diovan, Celebrex, and Tramadol. Treatment plan was for referral to physical medicine and rehabilitation for possible injection to the thoracic spine with platelet rich plasma. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physical Medicine and Rehabilitation: 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), Pain, Office Visit.

Decision rationale: The ODG states evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patients concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. Due to the primary request for an injection not being certified, this associated request is not supported and is considered not medically necessary.

Injection to thoracic spine with PRP or other management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Platelet-rich Plasma.

Decision rationale: The ODG states platelet rich plasma is not recommended except in research setting. Platelet rich plasma therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes in pivotal molecules involved will need to be elucidated. Platelet rich plasma therapies in clinical trials await assessment. There is little published clinical evidence that proves the efficacy of treating a multitude of injuries/disorders that are thought to benefit from platelet rich plasma. Although the injured worker reported efficacy from the platelet rich plasma injection, the medical guidelines do not support the use. Therefore, the request is not medically necessary.