MAXIMUS Federal Services

Case Number:	CM14-0121477		
Date Assigned:	08/06/2014	Date of Injury:	11/10/2000
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 42-year-old male who was injured on 11/10/2000 involving his lower back and exacerbated this injury on 3/5/2008. He was diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet joint pain, lumbago, and sacroiliac joint pain. He was treated with physical therapy, oral medications including opioids, NSAIDs, and anti-epileptics, topical analgesics, facet joint blocks, and surgery (lumbar). In addition, on 3/24/2014 he was also prescribed a sacroiliac support belt. He was able to return to work with limitations after his surgery was successful, eliminating his lumbar radiculopathy. He, however, continued to experience low back pain. Previous requests for platelet-rich injections were attempted for many months leading up to this recent request. In addition, previous recommendations for a lumbar brace were suggested to the worker previous to this request. The most recent visit with the pain specialist, on 6/19/14, the worker complaining of low back pain without radiation with a level of pain rated at 5/10 on the pain scale. Physical examination was significant for moderate tenderness of lower back facet joint lines, tenderness of sacroiliac joints, Kemp's test positive, reduced range of motion of the lumbar spine, Minor's sign positive, negative straight leg raise test, and Braggard's test negative. He was then again recommended a sacroiliac support belt, continued physical therapy (pool therapy), lumbar facet joint injections with platelet-rich plasma, and continued medications (oral and topical).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet joint medial platelet rich plasma injection (qty 1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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), Low Back section, Platelet-Rich Plasma (PRP).

Decision rationale: The MTUS does not address platelet-rich plasma. The Official Disability Guidelines (ODG), however, states that platelet-rich plasma is not recommended due to limited evidence of benefit. Until a larger high quality study suggests clear benefit, it should not be considered medically necessary. In the case of this worker, the platelet-rich plasma component of these lumbar injections makes them not medically necessary.

1 CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 sacroiliac support belt (cypress care): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In the case of this worker, there was already a lumbar support brace prescribed to the worker. There was no explanation found in the notes available for review stating the reasoning why another brace was needed. In addition, in order to consider another brace, evidence of functional improvement with the old brace as well as evidence of the old brace having been broken or non-functional anymore is necessary in order to consider approval of this device. Therefore, the sacroiliac support brace is not medically necessary.