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| Case Number: | CM14-0152230 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 11/16/2010 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

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 and is licensed to practice in Illinois. 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 66-year-old female with a reported date of injury on 11/16/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right rotator cuff impingement and cervical herniated nucleus pulposus. Her previous treatments were noted to include physical therapy, chiropractic treatment, surgery, medications, acupuncture, plasma rich protein injections, and cervical epidural steroid injections. The progress note dated 09/19/2014 revealed complaints of discomfort and difficulty sleeping on the right shoulder. The physical examination revealed positive Spurling's, trapezoid/rhomboid spasms, pain with extension and flexion, pain with range of motion with a positive Hawkins, and crepitation. The request for authorization form dated 09/22/2014 was for prolotherapy for cervical spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/neck.htm>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Prolotherapy.

Decision rationale: The request for prolotherapy to the cervical spine is not medically necessary. The injured worker complains of neck pain and has had multiple conservative treatments attempted. The Official Disability Guidelines do not recommend prolotherapy. The guidelines state evidence for prolotherapy in the neck is still limited. Only case reports were found supporting the use of prolotherapy for chronic neck pain, but these results were more positive than studies in low back pain. There are conflicting studies concerning the effectiveness of prolotherapy, also known as sclerotherapy, for low back pain. Lasting functional improvement has not been shown. The injections are invasive and may be painful to the patient, and are not generally accepted or widely used. The guidelines do not recommend prolotherapy and therefore, prolotherapy is not appropriate. As such, the request is not medically necessary.