

<b>Case Number:</b>	CM14-0170626		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 50 year old male presenting with low back pain following a work related injury on 01/18/2010. The claimant has tried 21 session of physical therapy, right wrist brace, medications including Celebrex, Omeprazole, Gabapentin, Capsaicin cream, Amitriptyline and Tramadol. The physical exam showed that straight leg raising test, Patrick test and facet loading were positive for low back pain. The Spurling's test was also positive, weakness in the bilateral grip strength and right biceps and triceps, tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscle, scapular border and lumbar paraspinal musculature. The medical records stated that the EMG report was abnormal. The claimant was diagnosed with lumbago, disorders of sacrum, lumbar facet dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Prolotherapy Injection to Sacroiliac Joint and Iliolumbar Joints: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 100.

**Decision rationale:** Prolotherapy Injection to Sacroiliac Joint and Iliolumbar Joints is not medically necessary. According to CA MTUS Prolotherapy is not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into joint or adjacent structures to create scar tissue in an effort to stabilize a joint. Agents used with prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose, glycerin and phenol, or dextrose alone. "Proliferatives" act to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or increasing the effectiveness of existing circulating growth factors. Prolotherapy has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendinitis, and plantar fasciitis. In all studies the effects of prolotherapy did not significantly exceed placebo effects. (Dechow, 1999) (Reeves, 2000) (Yelland, 2004) (BlueCross BlueShield, 2006); therefore the requested therapy is not recommended.