

Case Number:	CM14-0035327		
Date Assigned:	06/23/2014	Date of Injury:	06/21/2012
Decision Date:	08/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 45-year-old female who reported an injury on 06/21/2012. The mechanism of injury was not stated. Current diagnoses include degenerative disc disease in the lumbar spine, lumbar spondylolysis, and shoulder sprain/strain. The latest Physician's Progress Report submitted for this review is documented on 12/02/2013. The injured worker reported 7/10 low back and left shoulder pain. Previous conservative treatment was not mentioned. Physical examination revealed 5/5 motor strength, intact sensation, positive straight leg raise, an antalgic gait, and restricted lumbar range of motion. Treatment recommendations at that time included a lumbar transforaminal epidural steroid injection at L5-S1 and an orthopedic surgery followup visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intradiscal Platelet-Rich Plasma injection at L5-S1 in office under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter, platelet-rich plasma.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Platelet-rich plasma (PRP).

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques are of questionable merit. Official Disability Guidelines state platelet-rich plasma injections are not recommended for the lumbar spine. Therefore, the current request cannot be determined as medically appropriate. As such, the request is deemed not medically necessary.