

<b>Case Number:</b>	CM14-0063479		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A progress note dated 5/11/14 indicates pain in the low back. The diagnosis was post-laminectomy syndrome. Examination noted there was diffuse tenderness of the back with limited range of motion. The Neurological examination had no localizing findings. 4/15/14 note indicated the insured had L4-5 anesthetic discogram with greater than 50% improvement in pain that lasted about one hour. The treating physician indicated the insured was not a surgical candidate and recommended Platelet Rich Plasma (PRP) injection in the L4-5 disc. 1/16/13 magnetic resonance imaging (MRI) of the lumbar spine notes mild disc disease at L4-5 with mild disc bulge and right foraminal disc protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet Rich Plasma (PRP) injection, L4-L5 disc: 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/index.html?odgtwc/low\\_back.htm#PlateletrichplasmaAFDA](http://www.odg-twc.com/index.html?odgtwc/low_back.htm#PlateletrichplasmaAFDA).

**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, PRPrecommended. The results of platelet-rich plasma (PRP) in spine surgery are limited and controversial. In this RCT, adding PRP in posterior lumbar fusion did not lead to a substantial

improvement when compared with autologous bone only. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study. (Sys, 2012) A study of platelet-rich plasma on anterior fusion in spinal injuries concluded that this is not a clear advancement in spinal fusion in terms of a clinical benefit. (Hartmann, 2010).

**Decision rationale:** Official Disability Guidelines (ODG) guidelines do not demonstrate support for Platelet Rich Plasma (PRP) administered intradiscal. Peer reviewed literature does not support that PRP administered intradiscal improves functional ability or reduces pain long term. The medical records provided for review reports pain related to post laminectomy syndrome with reported pain related to disc diseases and this is not a supported condition for PRP as outlined in ODG guidelines. The medical records provided for review do not indicate extenuating circumstances in support of the procedure despite the ODG guidelines.