

Case Number:	CM14-0063508		
Date Assigned:	07/11/2014	Date of Injury:	07/12/2009
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine, 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 41 y/o male with date of injury 7/12/09, with related left sided low back and left knee pain. Per progress report dated 3/19/14, physical exam noted that he was focally tender in lumbar spine L4-S1. There was left sided paraspinal tenderness L1-S1 as well as left superior iliac crest. There was tenderness along the left sacroiliac joint. He had positive FABER and Gaenslen test. MRI of the pelvis (date unknown) was consistent with bilateral sacroiliac joint trabecular bone edema consistent with sacroiliitis. He was treated with physical therapy, acupuncture, injections, and medication management. The date of UR decision was 4/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint platelet-rich plasma injection under fluoroscopic guidance: 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) Hip and Pelvis Chapter. Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Platelet-rich plasma (PRP).

Decision rationale: For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability, and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Each joint received three IA injections of PRP, which were administered once a week. The 40% of the patients were classified as excellent responders who showed an early pain reduction at 6-7 weeks, which was sustained at 6 months, and a parallel reduction of disability. Little has been published regarding the use of platelet-rich plasma during total hip arthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty. As the guidelines do not recommend PRP injection of the sacroiliac joint, medical necessity cannot be affirmed. Therefore, this request for left sacroiliac joint platelet-rich plasma injection under fluoroscopic guidance is not medically necessary.