

Case Number:	CM14-0066757		
Date Assigned:	07/11/2014	Date of Injury:	10/06/2006
Decision Date:	08/13/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 Therapy 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 43-year-old male with a reported date of injury on 10/06/2006. The injury reportedly occurred when the injured worker was walking back to his truck after changing an air cleaner. His diagnoses were noted to include lumbar facet arthropathy and lumbar disc bulge. His previous treatments were noted to include medications. The progress note dated 04/09/2014 revealed the injured worker complained of low back pain described as frequent, sharp, and dull rated 4/10 to 5/10, worse with any activity and better with laying down, stretching, ice, heat, and the pain occasionally radiated down to his right leg to his knee and groin. The physical examination revealed deep tendon reflexes were 2+, sensation was intact but diminished on the right leg, motor strength was rated 5/5, straight leg raise was negative, and pain to palpation the right lumbar paraspinal muscle was noted. The progress note dated 06/04/2014 revealed the injured worker stated he had felt the same, low back pain was sharp and dull and rated 4/10 to 5/10, with occasional radiating pain to his right leg and to his knee and groin. The physical examination revealed deep tendon reflexes were 2+, sensation was intact but diminished on the right leg, motor strength was rated 5/5, straight leg raise was negative, and pain to palpation the right lumbar paraspinal muscle was noted. The request for authorization form dated 04/09/2014 was for prolotherapy to the lumbar spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Low back chapter.

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, Prolotherapy (sclerotherapy).

Decision rationale: The Official Disability Guidelines do not recommend prolotherapy. There are conflicting studies concerning the effectiveness of prolotherapy, also known as sclerotherapy, in the low back. Lasting functional improvement has not been shown. The injections are invasive, may be painful to the patient, and are not generally accepted or widely used. The Guidelines do not recommend prolotherapy and therefore it is not warranted at this time, also, there is a lack of documentation regarding conservative treatments attempted. The request for Prolotherapy is not medically necessary.