

Case Number:	CM14-0097370		
Date Assigned:	07/28/2014	Date of Injury:	03/05/2014
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 employee is a 52 year old woman with chronic right wrist and forearm pain, claimed from overuse from data entry, with an injury date of 3/5/14. She is appealing the 6/19/14 denial of prolotherapy injections. She has had an ergonomic evaluation of her workstation and has completed occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy Injections x6 every 2 weeks: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Prolotherapy Page(s): 99-100.

Decision rationale: Per the MTUS Guidelines, Prolotherapy is not medically necessary. It was investigated for treatment for various causes of pain, but did not significantly exceed placebo effects. The requested treatment for Prolotherapy is not medically necessary.