

Case Number:	CM14-0102458		
Date Assigned:	07/30/2014	Date of Injury:	05/02/2013
Decision Date:	02/05/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 60 year old male injured worker suffered and industrial injury on 5/2/2013 when while working he stepped out of a van, slipped and fell to the ground injuring the right buttock, hip and lumbar spine. The diagnoses were contusion of the right hip, lumbar spine. The current diagnoses were right lumbar radiculopathy, cervicalgia, cervical and lumbar radiculopathy, lumbar facet dysfunction, anxiety, and right hip degenerative joint disease with bursitis, ilioinguinal neuralgia, chronic pain, opioid dependence and left shoulder pain ligament laxity. The provider submitted a request for authorization for prolotherapy injections to bilateral hips and left shoulder. The UR decision of 6/12/2014 cited noncertification as the guidelines did not recommend these injections as there are no quality studies to support benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy injections of the bilateral hips and left shoulder x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic) Acoem 3rd edition 2010 Hip and Groin Chapter Injections: Shoulder Chapter Prolotherapy Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines Prolotherapy, Sclerotherapy Page(s): 99-100,

105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic (Acute and Chronic), Shoulder (Acute & Chronic), Prolotherapy.

Decision rationale: This is a review for the requested prolotherapy injections to bilateral hips and left shoulder x3. Prolotherapy is a treatment technique utilizing proliferant-sclerosing solutions which are believed to strengthen the ligaments and reduce pain. Unfortunately randomized trials do not support the efficacy of these injections. Utilization of prolotherapy for low back pain (hip pain) is not recommended. Lasting functional improvement has not been proven. Prolotherapy is not recommended for the shoulder. Therefore, the above listed issue is considered not medically necessary.