

Case Number:	CM14-0190555		
Date Assigned:	11/24/2014	Date of Injury:	03/02/2012
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Medicine & Rehabilitation and is licensed to practice in New York. 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 60-year-old who reported injury on 03/02/2012. The mechanism of injury was the injured worker was filling a bucket with water to mop and fell. Prior treatments included medications and injections. The surgical history was not provided. The injured worker's medications included Norco 5/325 mg. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 04/11/2012, which revealed mild developmental central canal stenosis from L2-4; there was a mild annular disc bulge at L4-5 intervertebral disc with a small left paracentral and lateral disc protrusion; there was mild central canal stenosis with moderate attenuation of the thecal sac, slight posterior displacement of the left L5 nerve root and moderate bilateral L5 subarticular recess stenosis; there was mild annular disc bulge at L3-4 with mild central stenosis and moderate to severe attenuation of the thecal sac; there was mild annular disc bulge at L2-3 with a small protrusion to the left far lateral foramen; there was moderate central canal stenosis and moderately severe attenuation of the thecal sac and mild to moderate L2-3 neural foraminal narrowing. There was a mild annular disc bulge at L5-S1 intervertebral disc and there was no central stenosis or exiting nerve root compression. The surgical history was not provided. The documentation indicated the injured worker had a surgical history that was non-certified. The PR-2 dated 10/20/2014 revealed the injured worker had ongoing lower back pain. The injured worker underwent a lumbar spine fluoroscopic guided facet injection and diagnostic block on 09/16/2014 and had a sacrococcygeal injection. The injured worker noted he experienced 2 to 3 weeks of significant symptomatic relief following the corticosteroid facet injection. The injured worker reported over 80% improvement of low back pain and then gradually the pain started to recur. The injured worker's pain returned to baseline. The sacrococcygeal joint injection did not provide much symptomatic relief. The current complaints included axial low back pain across the lumbosacral region, worsened with prolonged

weight bearing, standing and walking. The diagnoses included confirmed L4-5 and L5-S1 facet joint sprain and facet dysfunction. The treatment plan included a platelet rich plasma injection directly into the lumbar facet joint. The physician stated he had significant experience with this technique and had been utilizing it since the early 1990s. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP bilateral lumbar facet injections at L3-S1 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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 Chapter, Platelet-Rich Plasma

Decision rationale: The Official Disability Guidelines do not recommend the use of platelet rich plasma injections. The technique is limited and controversial. The clinical documentation submitted for review indicated the physician had experience with the injections. However, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for PRP bilateral lumbar facet injections at L3-S1 times 2 is not medically necessary.