

Case Number:	CM14-0217392		
Date Assigned:	01/07/2015	Date of Injury:	05/17/2012
Decision Date:	04/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female, who sustained an industrial injury on 5/17/12. She has reported low back pain and hip pain after lifting a box. The diagnoses have included lumbosacral disc degeneration, thoracic lumbar disc displacement, lumbosacral neuritis, lumbar spinal stenosis and osteoarthritis. Treatment to date has included medications, diagnostics, physical therapy with temporary relief, and acupuncture with no relief, medial branch blocks and sacroiliac joint injections. Currently, per office visit note dated 12/8/13, the injured worker complains of increased low back pain radiating to bilateral buttocks and thighs. The pain is constant, sharp and throbbing. The pain worsens with activity and movement and is relieved with rest and medications. The current medications were noted. The Computed Tomography (CT) scan of the lumbar spine dated 9/25/14 revealed annular tearing, disc bulge and scattered joint facet osteoarthritis. Physical exam of the lumbar spine revealed loss of lordosis, extension limited to 10 degrees for range of motion, tenderness and trigger points with twitch response and radiating pain on both sides. Lumbar facet loading was positive on both sides with tenderness over facet joints both sides. The hip joint range of motion was restricted by pain and Ober's sign was positive. Despite the treatments rendered, she is still experiencing significant low back pain. She is a good candidate for Intradiscal platelet rich plasma injection to L3/4, L4/5 and L5/S1 as she has chronic back pain as a result of annular tear. The injured worker would like to proceed with this procedure. On 12/3/14 Utilization Review non-certified a request for Intradiscal platelet rich plasma injection to L3/4, L4/5 and L5/S1, noting the Official Disability Guidelines low back chapter were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intradiscal platelet rich plasma injection to L3/4, L4/5 and L5/S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, platelet rich plasma injections Hip and Pelvis chapter, under Platelet rich plasma injections.

Decision rationale: The patient presents with increased low back pain, rated 7-8/10 radiating to bilateral buttocks and thighs. The request is for intradiscal platelet rich plasma injection to L3/4, L4/5 AND L5/S1. The RFA provided is dated 11/12/14. Patient's diagnosis included lumbosacral disc degeneration, thoracic lumbar disc displacement, lumbosacral neuritis, lumbar spinal stenosis and osteoarthritis. Patient is to return to modified work. ODG guidelines, pain chapter states the following regarding platelet rich plasma injections: "Not recommended for chronic pain except in a research setting." ODG Guidelines, Hip and Pelvis chapter, under Platelet rich plasma injections states: "Under study. 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. 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. (Snchez, 2012) 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." A rationale for the request is not provided. While this patient does present with significant chronic pain, such therapies are still under investigation and are not yet supported by guidelines as appropriate standard medical interventions. Therefore, this request IS NOT medically necessary.