

<b>Case Number:</b>	CM15-0103424		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/07/2015
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50-year-old female who sustained an industrial injury on 3/7/15. The injured worker was diagnosed as having lower back contusion, back pain, lumbar radiculopathy and muscle spasm back. Currently on 4/29/15, the injured worker was with complaints of lower back pain with numbness and tingling in LE. Previous treatments included activity modification, medication management and injection therapy. The injured workers pain level was noted as a 9/10. Physical examination was notable for an abnormal gait, lower extremity weakness, thoracolumbar spasms and tenderness and decreased range of motion. Physical examination of the lumbar spine revealed decreased sensation in right leg. The patient has had MRI of the lumbar spine on 4/7/15 that revealed disc bulge The patient had received Ketorolac injection for this injury The medication list include Omeprazole, Etodolac, Tramadol, and Cyclobenzaprine The plan of care was for therapy. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prolotherapy x 3 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 99 Prolotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/15/15) Prolotherapy (sclerotherapy).

**Decision rationale:** Request: Prolotherapy x 3 sessions. Prolotherapy, also called proliferation therapy or regenerative injection therapy is a treatment of tissue with the injection of an irritant solution into a joint space, weakened ligament, or tendon insertion to relieve pain. As per cited guideline, "Prolotherapy: Not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into joint or adjacent structures to create scar tissue in an effort to stabilize a joint. " As per ODG cited guideline, "Prolotherapy (sclerotherapy) not recommended. 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. Therefore, the use of prolotherapy for low back pain is not recommended at this time. " The prolotherapy (sclerotherapy) is not recommended by the cited guideline. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Prolotherapy x 3 sessions is not **MEDICALLY NECESSARY**.