

<b>Case Number:</b>	CM15-0134394		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female, who sustained an industrial injury on May 29, 2012. She reported an industrial motor vehicle accident producing pain in the neck, right shoulder and low back with radiating symptoms into the right leg. The injured worker was currently diagnosed as having cervical spine sprain/strain with radicular complaints, status post right shoulder arthroscopic surgery and lumbar spine sprain/strain with radicular complaints. Treatment to date has included diagnostic studies, physical therapy, surgery, acupuncture, injection, chiropractic treatment, and medications. Her cervical epidural injection was noted to provide partial pain relief and physiotherapy was helpful for her right shoulder. On June 30, 2015, the injured worker complained of moderate neck pain with radiation to the shoulders. She rated the pain as a 5 on a 1-10 pain scale. She also complained of intermittent moderate low back pain with radiation to the hips and buttocks. She reported right shoulder pain rated as a 3-4/10 on the pain scale. The treatment plan included chiropractic treatment two times a week for four weeks. On June 17, 2015, Utilization Review non-certified the request for color Doppler ultrasound of the brachial plexus and PRP injection to the right Piriformis, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Color Doppler ultrasound of the brachial plexus: 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), Shoulder  
- Arterial ultrasound TOS testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Arterial ultrasound TOS testing.

**Decision rationale:** Regarding the request for Doppler, CA MTUS does not address the issue. ODG cites that arterial ultrasound TOS testing is not recommended. The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are unknown. Arterial evaluation using Doppler ultrasound has been suggested. The heterogeneous response of asymptomatic individuals with no past history of TOS symptoms raises uncertainty of the validity of positive test responses from extreme arm positions. Clinical decisions based on false positive outcomes have serious implications for mistreatment such as inappropriate surgical intervention; therefore, it is imperative that clinical decision is not based on these test outcomes alone. Further research is required to determine the cause of heterogeneous responses in asymptomatics and discover means to improve test specificity. In light of the above issues, the currently requested Doppler is not medically necessary.

## **Platelet-rich plasma (PRP) injection to the right Piriformis: 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), Hip & Pelvis - Platelet-rich plasma (PRP).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Piriformis injections and Platelet-rich plasma (PRP).

**Decision rationale:** Regarding the request for Platelet-rich plasma (PRP) injection to the right Piriformis, CA MTUS does not address the issue. ODG cites that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (e.g., stretching, manual techniques, injections, activity modifications, modalities like heat or ultrasound, natural healing) is successful in most cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility. Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. Injections with steroids, local anesthetics, and botulinum toxin have been reported in the literature for management of this condition. Platelet-rich plasma (PRP) is under study. Within the documentation available for review, there is no indication of failure of targeted conservative treatment prior to consideration for injection therapy and evidence-based support for the use of PRP. In light of the above issues, the currently requested Platelet-rich plasma (PRP) injection to the right Piriformis is not medically necessary.