MAXIMUS Federal Services

Case Number:	CM15-0144991		
Date Assigned:	08/05/2015	Date of Injury:	01/20/2010
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina
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 was a 50 year old male, who sustained an industrial injury, January 20, 2010. The injured worker previously received the following treatments piriformis botox injections with benefit but pain returned, lumbar spine MRI which showed 1-2 mm disc protrusion, Zanaflex, Ambien, Norco, chiropractic services, random toxicology laboratory study was negative for opioids and benzodiazepines. The injured worker was diagnosed with right piriformis syndrome, C6-C7 4mm disc herniation, L4-L5 3mm disc herniation and thoracic strain or sprain. According to progress note of June19, 2015, the injured worker's chief complaint was right gluteal pain and right leg radiating symptoms. The physical exam noted right gluteal tenderness with positive right piriformis Tinel's and Fair's testing. The injured worker received Botox injection in the past. The treatment plan included right piriformis PRP injection under ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right piriformis Platelet-Rich Plasma (PRP) injection under ultrasound guidance: 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), Pain (Chronic): Platelet-rich plasma (PRP) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PRP injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states PRP injections are still under study and have mixed review for safety and efficacy. There are studies that show some benefits post knee surgery in specialized cases. The ODG does not recommended PRP injections for the piriformis muscle. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.