

<b>Case Number:</b>	CM15-0167789		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	06/08/2006
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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

### 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 51 year old male, who sustained an industrial injury on 6-8-2006. Medical records indicate the worker is undergoing treatment for sleep disorder, depressive disorder, limb pain and cervical radiculopathy. A recent progress report dated 7-16-2015, reported the injured worker complained of neck pain and low back pain that radiated to the bilateral upper and lower extremities. The injured worker complained of inability to complete activities of daily living and household chores. Physical examination revealed antalgic gait and "decreased cervical and lumbar range of motion" with guarding, spasm and tenderness in the paravertebral musculature. Treatment to date has included physical therapy and medication management. The physician is requesting physical therapy 3 times a week for 4 weeks for the cervical spine to the lumbar spine, acupuncture 3 times a week for 4 weeks for the cervical spine to the lumbar spine and plasma rich protein injections to the cervical spine and lumbar spine. On 7-28-2015, the Utilization Review denied the request for physical therapy 3 times a week for 4 weeks for the cervical spine to the lumbar spine, acupuncture 3 times a week for 4 weeks for the cervical spine to the lumbar spine and plasma rich protein injections to the cervical spine and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the cervical spine to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines for this 2006 injury. The Physical therapy 3 times a week for 4 weeks for the cervical spine to the lumbar spine is not medically necessary and appropriate.

**Acupuncture 3 times a week for 4 weeks for the cervical spine to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial with 12 sessions. The Acupuncture 3 times a week for 4 weeks for the cervical spine to the lumbar spine is not medically necessary and appropriate.

**Plasma rich protein injections to the cervical spine and lumbar spine: 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), Low Back - 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) Spine, Platelet-rich plasma (PRP), updated 07/17/15- Online Version.

**Decision rationale:** There are no studies that demonstrate substantial static improvement with PRP in the treatment of spine surgery and the results from use of platelet-rich plasma treatment in spinal injuries and fusion remains limited and controversial. There are multiple issues regarding the mechanism of action of PRP and which of the multiple platelet growth factors is active in various applications. Reviews regarding the use of PRP for early osteoarthritis of the knee, chronic lateral epicondylitis of the elbow, Achilles tendinopathy of the ankle, rotator cuff repair of the shoulder, and osteoarthritis in total hip arthroplasty have not demonstrated any potential short term benefit or long term functional difference and high quality evidenced based studies have not been performed to indicate a strong case for use or PRP to treat for any of the above joint and spine disorders. Submitted reports have not identified any extenuating circumstances to support for PRP treatment beyond guidelines recommendations, medical necessity has not been shown for PRP, and the request for the PRP treatment is not established. The Plasma rich protein injections to the cervical spine and lumbar spine are not medically necessary and appropriate.