

Case Number:	CM15-0169963		
Date Assigned:	09/10/2015	Date of Injury:	05/07/2014
Decision Date:	10/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 45 year old female who sustained an industrial injury on 05-07-2015. Initial injuries occurred to the low back and right side of her body when she slipped and fell. Current diagnoses included rule out cervical disc protrusion, thoracic myospasm, thoracic sprain-strain, lumbar disc protrusion, lumbar muscle spasm, lumbar radiculitis, and antalgic gait. Report dated 07-13-2015 noted that the injured worker presented with continued improvement in cervical, thoracic, and lumbar spine pain. Physical examination was positive for cervical spine tenderness and muscle spasm, cervical compression is positive for pain, thoracic spine range of motion has slightly improved but still painful, tenderness in the thoracic paravertebral muscles and muscle spasm, and Kemp's testing causes pain, lumbar spine range of motion has slightly improved but still painful with muscle spasm, and Kemp's, straight leg raise, and Bechterew's causes pain. Previous diagnostic studies included an EMG and NCS, bone scan, and cervical spine, right hip, and right shoulder MRI. Previous treatments included medications, chiropractic, and physical therapy. The treatment plan included ordering a back brace for support and to assist with patient's activities of daily living at home. The utilization review dated 07-29-2015, non-certified the retro-request for platelet rich plasma injection X1 performed on 07-16-2015 based on the following rationale. The utilization reviewer stated, "as this treatment is considered experimental and investigational, the request is not consistent with the guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Platelet rich plasma injection times 1 DOS 07/16/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Platelet-rich plasma (PRP).

Decision rationale: Regarding the request for Retrospective request for Platelet rich plasma injection times 1 DOS 07/16/2015, California MTUS does not address the issue. ODG cites that PRP is not recommended for the back. In light of the above issues, the currently requested Retrospective request for Platelet rich plasma injection times 1 DOS 07/16/2015 are not medically necessary.