

Case Number:	CM15-0180349		
Date Assigned:	09/22/2015	Date of Injury:	04/16/1998
Decision Date:	11/02/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/14/2015

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 62 year old male, who sustained an industrial injury on 4-16-98. Medical record indicated the injured worker is undergoing treatment for right sacroiliitis and status post lumbar fusion L4-5 and L5-S1. Treatment to date has included oral medications including Norco 10-325mg, Ultram ER 150mg, lumbar fusion (2-2013), home exercise program, physical therapy and radiofrequency ablation of the sacroiliac joint. X-rays of lumbar spine performed on 5-15-15 revealed bone graft and implant in place. Currently on 8-3-15, the injured worker complains of right lower back pain, which is interfering with his exercise, which has caused weight gain; the pain occasionally radiates down his left laterally and he denies any lower extremity paresthesias or weakness (he has complained of right focal lower back tenderness since at least 12-4-14). Disability status is noted to be permanent and stationary. Physical exam on 8-3-15 revealed a well healed incisional scar of lumbar spine with mild tenderness on palpation along the right SI joint and full range of motion, strength, and instability in the lower extremities. On 5-15-15 it is documented the injured worker noticed about 70% reduction in pain with physical therapy. The treatment plan included a platelet rich plasma injection and 12 sessions of physical therapy to accompany the injection. On 8-6-15 a request for authorization was submitted for Platelet rich plasma injection of right sacroiliac joint with fluoroscopic guidance and physical 2 times a week for 6 weeks. On 8-11-15, utilization review non-certified request for PRP (Platelet rich plasma injection) of right sacroiliac joint with fluoroscopic guidance noting CA MTUS guidelines do not offer relevant recommendations and alternative guidelines indicate PRP is under study of osteoarthritis of the hip and do not recommend PRP for low back pain and results of PRP in spine surgery are limited and controversial; additional guidelines also indicate

PRP is under study and not specifically recommended; therefore it does not fall within the guideline recommendations. Utilization review modified a request for physical therapy from 12 visits to 6 visits noting guidelines recommend 10 visits of physical therapy in the management of conditions similar to the patient's condition and it appears he is struggling with his home exercise program; an initial trial of 6 visits is appropriate and if there is objective documentation of significant improvement in function and pain levels, further treatments may be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One platelet rich plasma injection right sacroiliac joint with fluoroscopic 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, Hip & Pelvis (Acute & Chronic) Platelet Rich Plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under platelet rich plasma injections.

Decision rationale: The patient presents with right hip pain. The request is for one platelet rich plasma injection right sacroiliac joint with fluoroscopic guidance. Patient is status post lumbar spine surgery, 2013. Physical examination to the lumbar spine on 08/03/15 revealed tenderness to palpation along the right SI joint. Per Request for Authorization form dated 08/06/15, patient's diagnosis include physical therapy, image studies, right sacroiliitis, and right hip pain. Patient's treatments have included ESI's, and RFA, with benefits. Patient is permanent and stationary. ODG guidelines, pain chapter states the following regarding platelet rich plasma injections: "Not recommended for chronic pain except in a research setting." ODG Guidelines, Hip and Pelvis chapter, under Platelet rich plasma injections states: "Under study for OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Each joint received three IA injections of PRP, which were administered once a week. 40% of the patients were classified as excellent responders who showed an early pain reduction at 6-7 weeks, which was sustained at 6 months, and a parallel reduction of disability. (Sanchez, 2012) Little has been published regarding the use of platelet-rich plasma during total hiparthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty." In progress report dated 08/03/15, the treater states that the patient has had multiple cortisone injections under fluoroscopy into the SI joint with noticeable relief, but lasting only for several days to weeks at a time and as a means of providing longer relief, the treater is recommending platelet rich plasma injection into the joint under fluoroscopic guidance. In this case, while this patient does present with chronic pain, such therapies are still under investigation and are not yet supported by guidelines as appropriate standard medical interventions. Therefore, this request is not medically necessary.

12 physical therapy sessions for 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: The patient presents with right hip pain. The request is for 12 physical therapy sessions for the lumbar spine. Patient is status post lumbar spine surgery, 2013. Physical examination to the lumbar spine on 08/03/15 revealed tenderness to palpation along the right SI joint. Per Request for Authorization form dated 08/06/15, patient's diagnosis includes physical therapy, image studies, right sacroiliitis, and right hip pain. Patient's treatments have included ESI's, and RFA, with benefits. Patient is permanent and stationary. MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In progress report dated 05/15/14, it is stated that the patient underwent therapy, which has been very helpful and has provided about 70% pain reduction. It is not clear how many sessions of physical therapy has completed to date. Given the patient's continued pain, a short course of therapy would be indicated. However, the requested 12 session of therapy, in addition to previous therapy exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.