

Case Number:	CM15-0184309		
Date Assigned:	09/24/2015	Date of Injury:	10/19/2011
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: New York

Certification(s)/Specialty: Internal 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 55 year old (gender discrepancy in records) who sustained an industrial injury on 10-19-11. A review of the medical records indicates he is undergoing treatment for cervical degenerative disc disease - herniated nucleus pulposus, thoracic outlet syndrome, and bilateral carpal tunnel syndrome. Medical records (5-20-15 to 8-11-15) indicate ongoing complaints of neck pain with periodic spasms, which radiates to the shoulders and shoulder blades, affecting the right side greater than the left, bilateral hand pain with associated numbness, tingling, and stiffness, as well as occasional headaches. The physical exam (8-11-15) reveals decreased range of motion of the cervical spine, "diffuse tenderness" of bilateral shoulders with decreased range of motion, and decreased sensation in bilateral hands. The examination reveals positive Tinel's and Phalen's signs bilaterally. The 8-11-15 report indicates pain rating as follows: neck - "5-6 out of 10", shoulder - "6 out of 10", and hands - "6-7 out of 10". The injured worker notes difficulty with showering, using a computer, sitting for prolonged periods, lifting greater than 10 pounds, driving, sexual positioning, and sleeping. Diagnostic studies have included an MRI of the cervical spine on 6-28-11 and 8-4-15, x-rays of the right wrist on 8-4-15, EMG-NCV of bilateral upper extremities on 7-20-11, 7-2-12, and 11-7-14, and an MRI of the lumbar spine on 7-10-14. The 7-28-15 PR2, indicates a treatment plan to "have brachial plexus MRI done". However, it is unclear if this has been completed. Treatment has included oral medications, acupuncture, and trigger point injections. Referrals for pain management and neurology have also been made. The request for authorization (8-28-15) includes platelet rich plasma injection to bilateral trapezius muscles, consultation with pain management, and

consultation with a hand specialist. The utilization review (9-2-15) indicates denial of the requested services. In regards to the injection, the rationale states "guidelines do not recommend plasma rich platelet injections in the neck and back since high quality studies have concluded that these injection are no better than placebo injections". In regards to the pain management consultation, the rationale states "the claimant has chronic pain and has had extensive conservative care with no documented change in symptoms or increase in function over time. A pain management consult would not aid in the diagnosis or management of this claimant". Regarding a hand specialist consultation, the rationale states that the injured worker had been seen by a hand surgeon following left carpal tunnel release, who suggested that the symptoms were not coming from the hands and suggested the cervical spine. The rationale states, "given the patient's diagnosis and results of the imaging study, this claimant would not benefit from consultation with a hand surgeon to aid in the diagnosis and treatment of their problem".

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma injection for cervical spine (bilateral trapezius/ trigger points): 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; ODG Low Back.

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

Decision rationale: According to the ODG, platelet rich plasma (PRP) is under study as a solo treatment. PRP is recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. PRP has become popular among professional athletes because it promises to enhance performance, but there is no current science behind it. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The only difference was the time it took to do the repair; it was longer if PRP was placed in the joint. There were also no differences in residual defects on MRI. Regarding the knee, PRP is under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The exact mechanism of action in the context of PRP is still being investigated. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very

early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients. There is no specific indication for PRP for the treatment of the patient's condition. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Consult with pain management and hand specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition 2004 Independent Medical Examination and Consultations Chapter 7 page 127.

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

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity for the requested pain management consultation. The claimant has a chronic pain condition and has undergone multiple treatment modalities. There is no specific indication for a Pain Management evaluation. In terms of the request for evaluation by a hand specialist, a previous evaluation after left carpal tunnel release had determined that the claimant's issues were related to the cervical spine. There is no specific indication for a hand specialist evaluation. Medical necessity for the requested services has not been established. The requested services are not medically necessary.