

Case Number:	CM15-0200615		
Date Assigned:	10/15/2015	Date of Injury:	06/07/2014
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 60 year old male who reported an industrial injury on 6-7-2014. His diagnoses, and or impressions, were noted to include: cervical myofasciitis and pain, rule-out disc protrusion; thoracic myofasciitis, spondylosis and pain; and lumbar facet arthropathy, myofasciitis and pain, rule-out lumbar disc protrusion. No current imaging studies were noted. His treatments were noted to include: acupuncture treatments; trigger point impedance imaging of the thoracic & lumbar spine x 3 (4-2015 - 5-15); and rest from work. The progress notes of 9-1-2015 reported: cervical-neck pain rated 6 out of 10; thoracic-mid & upper back pain rated 5 out of 10; and lumbar-low back pain rated 4 out of 10. The objective findings were noted to include: tenderness to the bilateral trapezii, with spasms and tenderness, to cervical para-vertebral muscles, and decreased- painful cervical range-of-motion; tenderness and spasms to the bilateral trapezii and thoracic para-vertebral muscles, with painful range-of-motion; and tenderness to the sacroiliac joints, with tenderness and spasms, to the lumbar para-vertebral muscles, and painful- decreased range-of-motion. The physician's requests for treatment were noted to include starting physical therapy treatment sessions twice a week for six weeks. The Request for Authorization, dated 9-1-2015, was noted to include physical therapy 2 x a week for 6 weeks for lumbar disc degeneration and pain in back. The Utilization Review of 10-5-2015 non-certified the request for physical therapy, 2 x a week x 6 weeks for the cervical 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 2x a week x6 weeks for the lumbar spine: Overturned

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

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

Decision rationale: Physical therapy 2x a week x6 weeks for the lumbar spine is medically necessary. The guidelines recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. See also Exercise. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. (Hayden, 2005) Studies also suggest benefit from early use of aggressive physical therapy (sports medicine model), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support.

Physical therapy 2x a week x6 weeks for the cervical spine: Overturned

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

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

Decision rationale: Physical therapy 2x a week x6 weeks for the cervical spine is medically necessary. The guidelines recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. See also Exercise. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. (Hayden, 2005) Studies also suggest benefit from early use of aggressive physical therapy (sports medicine model), training in exercises for home use, and a functional restoration program, including intensive physical training, occupational therapy, and psychological support.

Anti-inflammatory treatment and growth factor by tissue transfer platelet rich plasma (PRP) via needle guided transfer requiring imaging or C-arm procedure for L-spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, 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) PRP.

Decision rationale: Anti-inflammatory treatment and growth factor by tissue transfer platelet rich plasma (PRP) via needle guided transfer requiring imaging or C-arm procedure for L-spine is not medically necessary. The ODG recommends PRP in patients with early osteoarthritis of the major joints. PRP is more effective for minimal OA than synvisc injections. PRP is not recommended in the spine; therefore, the requested therapy is not medically necessary.

Anti-inflammatory treatment and growth factor by tissue transfer platelet rich plasma (PRP) via needle guided transfer requiring imaging or C-arm procedure for C-spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, 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) Platelet Rich Plasma.

Decision rationale: Anti-inflammatory treatment and growth factor by tissue transfer platelet rich plasma (PRP) via needle guided transfer requiring imaging or C-arm procedure for C-spine is not medically necessary. The ODG recommends PRP in patients with early osteoarthritis of the major joints. PRP is more effective for minimal OA than synvisc injections. PRP is not recommended in the spine; therefore, the requested therapy is not medically necessary.