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| <b>Case Number:</b>   | CM15-0202291 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 08/27/2012 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2015 |

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 32 year old male, who sustained an industrial injury on 8-27-12. Medical records indicate that the injured worker is undergoing treatment for chronic left sacroiliitis with instability, lumbar sprain with degenerative disc disease and bilateral sciatica. The injured worker is working with normal duties. On (8-28-15 and 8-7-15) the injured worker complained of left sacroiliac joint pain and left leg pain. Examination of the lumbar spine revealed tenderness to palpation over the para lumbar muscles. A straight leg raise test was positive on the right. A FABER (flexion, abduction and external rotation) test was positive on the left and equivocal on the right. Deep tendon reflexes at lumbar four and sacral one were 2+ 2+ bilaterally. The injured worker walked with an antalgic gait. Treatment and evaluation to date has included medications, x-rays of the lumbar spine on 8/22/13 that was normal, MRI of the lumbar spine on 7/12/14 that revealed retrolisthesis, degenerative changes and foraminal narrowing; sacroiliac joint injection and trigger point injections. The patient had EMG on 8/30/13 that revealed sciatic neuropathy. Current medications include Lyrica, Tramadol and Relafen. On review of system, patient does not have any complaints of gastrointestinal tract. Patient had received left SI joint injection on 8/22/14. The patient had used a TENS unit for this injury. The patient had received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UTZ/fluoroscopically guided PRP injections to left SI joint #2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2013.

**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 (updated 09/22/15) Platelet-rich plasma (PRP).

**Decision rationale:** Request: UTZ/fluoroscopically guided PRP injections to left SI joint #2. California Medical Treatment Utilization Schedule (MTUS) does not address SI joint injection under fluoroscopy. Therefore ODG used. As per the cited guideline "Platelet-rich plasma (PRP): Not recommended. The results of platelet-rich plasma (PRP) in spine surgery are limited and controversial. A study of platelet-rich plasma on anterior fusion in spinal injuries concluded that this is not a clear advancement in spinal fusion in terms of a clinical benefit. As per the cited guidelines, Platelet-rich plasma (PRP): Under study. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty. "The cited guidelines do not recommend PRP injections. The patient had received a left SI joint injection on 8/22/14. A detailed response of the left SI joint injection on 8/22/14 was not specified in the records specified. The patient has received an unspecified number of PT visits for this injury. A detailed response to recent rehabilitation efforts including physical therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for UTZ/fluoroscopically guided PRP injections to left SI joint #2 is not medically necessary for this patient.