

<b>Case Number:</b>	CM15-0205735		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Preventive Medicine, Occupational 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 43 year old female who sustained an industrial injury on 8-12-2014. A review of medical records indicates the injured worker is being treated for left sided neck pain and left shoulder pain and numbness radiating into the left upper extremity. Medical records dated 9-3-2015 noted left sided neck pain. Symptoms have not changed. She continues to have numbness in the lateral aspect of the forearm into the thumb and index finger. The shooting pain still occurred with neck movement. Physical examination noted severe tenderness to palpation over the left sided cervical facets. Range of motion reproduced predominant neck pain. Treatment has included injections and medications. Utilization review form noncertified platelet rich plasma to the cervical facets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma (PRP) to cervical facets:** 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) Pain (updated 9/8/15), PRP.

**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 Chapter/Platelet-Rich Plasma (PRP) Section.

**Decision rationale:** MTUS guidelines do not address the use of platelet-rich plasma (PRP). The ODG addresses PRP in the low back. Per the ODG, PRP is not recommended. The results of platelet-rich plasma (PRP) in spine surgery are limited and controversial. In this RCT, adding PRP in posterior lumbar fusion did not lead to a substantial improvement when compared with autologous bone only. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study. 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. PRP is not supported by the guidelines. The request for platelet rich plasma (PRP) to cervical facets is determined to not be medically necessary.