

Case Number:	CM15-0032710		
Date Assigned:	02/26/2015	Date of Injury:	04/15/2013
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 52 year old male sustained an industrial injury on 4/15/13. He subsequently reports ongoing thoracic region and right chest. Diagnoses include myofascial sprain and strain of thoracic spine, T6-T9 costovertebral strain with the right costal sprain and rib cage strain. Treatments to date have included physical therapy, modified work duty, acupuncture, chiropractic care, injections and prescription pain medications. On 2/10/15, Utilization Review non-certified a request for Prototherapy to thoracic. The Prototherapy to thoracic was denied based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prototherapy to thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back & thoracic, Prolotherapy (sclerotherapy).

Decision rationale: The request is for prolotherapy. Prolotherapy is not recommended. There are conflicting studies concerning the effectiveness of prolotherapy, also known as sclerotherapy, in the low back. Lasting functional improvement has not been shown. The injections are invasive, may be painful to the patient, and are not generally accepted or widely used. Therefore, the use of prolotherapy for low back pain is not recommended at this time. The request should not be authorized.