

<b>Case Number:</b>	CM15-0041306		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/24/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old male, who sustained an industrial injury on April 24, 2001. The injured worker reported head, back, left arm, pelvic and left leg pain due to a fall off a roof. The injured worker was diagnosed as having chronic pain syndrome, neuropathic pain and chronic opioid use. Treatment to date has included lumbar fusion, hip, and knee surgery, chiropractic, Transcutaneous Electrical Nerve Stimulation (TENS) unit, injections and medications. A progress note dated January 27, 2015 the injured worker complains of low back pain and is rated normally 5/10 and 10/10 at its worst. Physical exam notes lumbar tenderness and normal gait. The plan is for perineural injection therapy (PIT), neural prolotherapy, and continues medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Perineural injection therapy (PIT):** 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-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Prolotherapy.

**Decision rationale:** PIT is also known as prolotherapy or sclerotherapy. ODG states not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into a joint or adjacent structure to create scar tissue in an effort to stabilize a joint Guidelines recommend against prolotherpay. As such the request for Perineural injection therapy (PIT) is not medically necessary.

**4 neural prolotherapy:** 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-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Prolotherapy.

**Decision rationale:** ODG states not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into a joint or adjacent structure to create scar tissue in an effort to stabilize a joint Guidelines recommend against prolotherpay. As such the request for 4 neural prolotherapy is not medically necessary.