

Case Number:	CM15-0088272		
Date Assigned:	05/12/2015	Date of Injury:	10/27/2011
Decision Date:	06/23/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on October 27, 2011. He reported neck, back, right calf, and groin/inguinal pain. The injured worker was diagnosed as having probable pelvic nerve entrapment, depression, mild lumbar disc spondylosis, and fibromyalgia. Diagnostic studies to date have included MRI and x-rays. Treatment to date has included epidural steroid injection, two pudendal nerve blocks without improvement, a right piriformis trigger point injection on December 3, 2014, a neurosurgical consultation, physical therapy for the pelvic floor, and medications including long acting opioid, antidepressant, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On February 25, 2015, the treating physician noted widespread pain with findings of fibromyalgia and pelvic pain syndrome. The physical exam revealed anxiety and tremulousness, severe buttock and ischial bursa tenderness, and mildly decreased lumbar spine range of motion. The injured worker is temporarily totally disabled. The injured worker underwent bilateral piriformis trigger point injections during the visit. The requested treatment is a platelet rich plasma injection for the right piriformis muscle under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP Injection for the Right Piriformis Muscle under Ultrasound guidance: 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, Platelet- rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Platelet Rich Plasma.

Decision rationale: Platelet Rich Plasma treatment is not discussed by MTUS. ODG states that this treatment is not recommended except in a research setting. Thus the requested treatment is experimental in nature. Therefore this request is not medically necessary.