

Case Number:	CM15-0088729		
Date Assigned:	05/12/2015	Date of Injury:	04/27/2009
Decision Date:	06/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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 April 27, 2009. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus (HNP). Treatment to date has included electromyogram and nerve conduction study, magnetic resonance imaging (MRI) and acupuncture. A progress note dated April 3, 2015 the injured worker complains of neck pain and back pain with stiffness and tightness. Physical exam notes cervical tenderness and positive Spurling's test with decreased range of motion (ROM). There is lumbosacral tenderness with paraspinal spasm and radiculopathy right greater than left. The plan includes chiropractic and Platelet Rich Plasma (PRP) injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x 6, cervical, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, 59.

Decision rationale: MTUS Guidelines support limited amounts of manipulative therapy depending upon the results of an initial trial and objective evidence of functional benefits. There is no documentation of the amounts and/or benefits of prior manipulative therapy. If there has been no prior manipulative therapy the MTUS Guidelines recommend a trial of 6 sessions before additional therapy is supported. The request for 12 sessions is not supported by Guidelines regardless if this is just being trialed for the first time or is repeat course manipulation. There are no unusual circumstances to justify an exception to Guidelines. The Chiro 2X's 6 (12 sessions) cervical and lumbar is not medically necessary.

Platelet rich plasma injection to trigger point cervical: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Guidelines are very specific regarding this issue. The Guidelines specifically state that only an anesthetic with the possible addition of a steroid are recommended. No other substances are supported. There are no unusual circumstances to justify an exception to Guidelines. The Platelet rich plasma injection for cervical trigger points is not supported by Guidelines and is not medically necessary.