

<b>Case Number:</b>	CM14-0119925		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40 year old male who was injured on 04/11/2012 when he was lifting a 400 pound piece of glass and sustained a work related injury to his low back with pain radiating down to the right lower extremity. Prior treatment history has included physical therapy with some improvement. He has been on Norco and Duragesic, both of which were reportedly helpful. He has also received multiple SNRB's which have provided him with 60% improvement. On 03/19/2014 the patient underwent a lumbar discogram with positive findings for pain at the L3/L4 intervertebral disc with follow-up CT scan revealing an annular tear. Progress report dated 06/27/2014 states the patient presented with complaints of back pain. Objective findings on exam of the lumbar spine revealed restricted extension to only 10 degrees, with pain, right lateral rotation at 20 degrees; left lateral rotation at 20 degrees. Right lateral bending was 8 degrees (normal 20-30). Left lateral bending was 15 degrees. Motor examination demonstrated mild weakness (4+/5) with right knee flexion, right ankle plantar-flexion, right extensor hallucis longus strength. The lumbar spine revealed palpable muscle spasm across the back bilaterally, right greater than left. There was a positive straight leg raise on the right at 60 degrees. There was pain noted on extension, right greater than left with tenderness over the lower lumbar facet joints. There was decreased sensation to the right L4, L5 distribution. There was a positive Fabers, and positive Gaenslan's test. The patient was diagnosed with lumbar radiculitis, sciatica, low back pain, muscle spasm, and "thoracic or lumbosacral neuritis or radiculitis, unspecified," and lumbago. Recommendations were made for referral to a pain psychologist for evaluation, bilateral sacroiliac joint injection given his ongoing pain, and intra-discal therapy with PRP. Prior utilization review dated 07/09/2014 states the requests for Psychological consult, bilateral sacroiliac joint injection; and Intra-discal Therapy with PRP were denied as medical necessity had not been established. Subsequent to the above utilization review, a physician's

supplemental report dated 07/18/2014 noted the patient had been approved for an anterior lumbar interbody fusion at L3-L4 and possible posterior stabilization with Coflex device to treat his discogenic pain related to the L3-L4 disc level. At that time, the plan was to schedule surgery for some time within 4-weeks of that visit. A progress report dated 09/10/2014 indicated the patient noted the patient had undergone fusion at the L3-L4 levels on 08/28/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychological consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) notes that psychological evaluations are recommended in the setting of chronic pain. They are "generally well accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." They can be beneficial in distinguishing conditions that are preexisting, versus those aggravated by the current injury or related to work. Further value in psychological evaluation, per MTUS, lies in providing "clinicians with a better understanding of the patient in their social environment, thus allowing more effective rehabilitation." The medical documents provided, particularly the progress report dated 06/27/2014, document an overall change in the patient's emotional state, citing an "overwhelming sense of emotional distress and amotivation" which the clinician notes is a change from his typical emotional state. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

**Bilateral sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip/Pelvis chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and pelvis, intra-articular steroid hip injection

**Decision rationale:** The Official Disability Guidelines (ODG) criteria for the use of sacroiliac blocks note that the "history and physical should suggest the diagnosis [of sacroiliac dysfunction] (with documentation of at least 3 positive exam findings...)." The special tests listed as fulfilling criteria if positive include: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test; Patrick's or FABER Test; Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test; Sacroiliac Shear Test; Seated

Flexion Test; Standing Flexion Test; Thigh Thrust Test. The medical records document only two of the above listed tests. Furthermore, the patient has recently undergone an L3-L4 fusion and is still undergoing post-operative rehabilitation and healing. Based on the Official Disability Guidelines guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Intra discal Therapy with PRP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Platelet Rich Plasma and on Other Medical Treatment Guideline or Medical Evidence: Platelet-rich plasma in mono-segmental posterior lumbar interbody fusion. Eur Spine J. 2011 Oct;20(10):1650-7.  
([http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3175872/pdf/586\\_2011\\_Article\\_1897.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3175872/pdf/586_2011_Article_1897.pdf))

**Decision rationale:** The Official Disability Guidelines (ODG) note that platelet-rich plasma (PRP) is not recommended, stating that results of its use in "spine surgery are limited and controversial." One randomized control trial cited by Official Disability Guidelines, listed above, was performed on 40 patients (38 completed) with mono-segmental fusion and noted addition of PRP did not lead to substantial improvement or deterioration when compared with autologous bone only." The medical documents note the patient already underwent fusion surgery. The request for authorization was for intra-discal PRP as a proposed treatment for the patient's discogenic pain, and as the surgery performed on 08/28/2014 is a recognized treatment for discogenic pain. Given the above guidelines, and given the patient has already undergone surgical treatment for the condition, the request for intra-discal PRP is determined not to be medically necessary.