

Case Number:	CM14-0157287		
Date Assigned:	09/30/2014	Date of Injury:	08/29/2011
Decision Date:	10/29/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 45 year old male with a date of injury on 8/29/2011. The injured worker sustained a low back injury. There is a note from 8/13 indicating the injured worker had radiofrequency ablation of facet joints with no improvement in his pain. He was referred for surgical consultation. There was a discogram done prior to performing lumbar fusion. This was eventually approved by the court and scheduled for 9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP Injection at L4-L5 and L5-S1: 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 (ODG) Pain, Platelet-Rich Plasma (PRP)

Decision rationale: The Official Disability Guidelines indicate that the procedure is not recommended for lumbar conditions. It is not recommended as an adjunct to lumbar fusion surgery. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

