

Case Number:	CM14-0166507		
Date Assigned:	10/13/2014	Date of Injury:	05/02/2013
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 60-year-old male with an original date of injury of May 2, 2013. The industrial diagnoses include chronic low back pain, lumbar radiculopathy, chronic neck pain, cervical radiculopathy, chronic hip pain, give bursitis, chronic pain syndrome, left shoulder pain with glenohumeral ligament laxity, and anxiety. The patient is currently being treated with narcotic pain medications. X-rays of the hips were normal. The patient subjectively has continued severe pain in the hip, neck, shoulder, and low back. The disputed request is for prolotherapy of the hips. Due to a lack of evidence, a utilization review determination had non-certified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy injection bilateral hips: 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 Other Medical Treatment Guideline or Medical Evidence: Up to Date Online, Prolotherapy under Investigational Treatments Heading

Decision rationale: With regard to the request for the prolotherapy for the hip, there is no mention in the California Medical Treatment Utilization Schedule, ACOEM, or ODG for prolotherapy in this body region. This is due to a lack of quality evidence for prolotherapy in this region. Given the paucity of evidence to support this request, this request is not medically necessary.