

Case Number:	CM15-0003271		
Date Assigned:	01/14/2015	Date of Injury:	12/10/2012
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: 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 patient is a 32 year old male who sustained a work related injury in a roll over motor vehicle accident to the neck and back on December 10, 2012. The injured worker was diagnosed with cervical, thoracic and lumbar spine sprain/strain. A magnetic resonance imaging (MRI) on July 28, 2014 demonstrated mild degenerative disc disease of the cervical spine without stenosis, thoracic spine within normal limits and the lumbar spine with multi-level degenerative disc disease without fracture or subluxation and no evidence of spinal canal or neural foraminal stenosis. Hip and pelvic X-Rays were negative for acute pathology and symmetrical. A magnetic resonance arthrogram (MRA) performed on October 29, 2014 of the right hip showed no labral tears, contusion or avascular necrosis. According to the primary treating physician's progress report on November 14, 2014, the injured worker continues to experience pain across the lower back and bilateral hips. Examination on December 4, 2014 documented tenderness in the left sacroiliac joint and lower lumbosacral area. Gait was antalgic. Patient ambulates with a single point cane. Treatment modalities to date consisted of physical therapy times 6 sessions, chiropractic therapy and acupuncture therapy times 12 visits, hot/cold packs, and pain medication. Current medications are Norco and Ambien. The injured worker is temporary total disability (TTD). The treating physician requested authorization for Prolotherapy. On December 9, 2014 the Utilization Review denied certification for Prolotherapy. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Low Back and Neck/Upper Back Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prolotherapy Page(s): 99.

Decision rationale: The patient was injured on 12/10/12 and presents with cervical, thoracic and lumbar spine sprain/strain. The request is for a "short course" of PROLOTHERAPY. The 12/04/14 RFA states that the treater is requesting for 12 visits of prolotherapy. He is on temporary total disability. The patient is tender diffusely at the posterosuperior iliac spine, has discomfort with internal/external rotation of both hips, has an antalgic gait, and ambulates with a single point cane. He has had 6 sessions of physical therapy, 12 visits of chiropractic therapy and acupuncture therapy, hot/cold packs, and pain medication. There is no indication of the patient having any prior prolotherapy. MTUS guidelines page 99 states that Prolotherapy is not recommended as none of the studies looking at its effectiveness showed positive response. Prolotherapy is an injection procedure and it is not clear what the treater is calling "prolotherapy." Given the lack of support from the MTUS, the requested prolotherapy IS NOT medically necessary.