

Case Number:	CM15-0008852		
Date Assigned:	01/26/2015	Date of Injury:	11/01/2006
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: Family Practice

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 58 year old female, who sustained an industrial injury on 11/01/2006. The diagnoses have included cervical radiculopathy, cervical disc displacement, left shoulder internal derangement, superior glenoid labrum lesion of right shoulder, low back pain, lumbar radiculopathy, and lumbar disc displacement. Treatments to date have included chiropractic therapy and medications. No diagnostic studies noted in received medical records. In a progress note dated 12/01/2014, the injured worker presented with complaints of neck, bilateral shoulder, and low back pain and muscle spasms. The treating physician reported the injured worker is to undergo a course of Localized Intense Neurostimulation Therapy once per week for 6 weeks for the lumbar spine and awaiting a pain management specialist for a consultation regarding epidural steroid injections for the lumbar spine. Utilization Review determination on 12/16/2014 non-certified the request for Outpatient Platelet Rich Plasma (PRP) to the Shoulders Bilaterally and Localized Intense Neurostimulation Therapy (LINT) six (6) to nine (9) sessions weeks to the lumbar citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient platelet rich plasma (PRP) to the shoulders bilaterally and localized neurostimulation therapy (LINT) six (6) to nine (9) sessions weeks to the lumbar: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation platlet rich plasma

Decision rationale: According to guidelines it states studies are still being conducted for PRP treatments. States it should not be done as a solo treatment and other modalities should be sought. According to the medical records there is no reason why PRP is needed versus other treatment modalities and thus is not medically necessary.