

Case Number:	CM15-0123926		
Date Assigned:	07/08/2015	Date of Injury:	10/21/2010
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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 47-year-old female who sustained an industrial injury on 10/21/10. She had complaints of low back pain. Progress note dated 6/1/15 reports continued complaints of back pain that radiates to both hips associated with numbness and weakness, rated 8/10. Diagnosis is degeneration of thoracic or lumbar inter. Plan of care includes: previous recommendations reviewed; possible disc replacement, injections and spinal cord simulator. At this visit, discussed regenerative injections and decided to proceed with lumbar intra-discal platelet rich plasma injection at L4/5. Continue medications; lidoderm, tizanidine and Tramadol. Work status is permanent and stationary. Follow up after procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet Rich Plasma Injection at L4-5 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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) Low Back/Acute & Chronic Platelet-Rich Plasma.

Decision rationale: The Official Disability Guidelines comment on the use of Platelet Rich Plasma injections (PRP) as a treatment modality. PRP injections are not recommended. The results of platelet-rich plasma (PRP) in spine surgery are limited and controversial. In this RCT, adding PRP in posterior lumbar fusion did not lead to a substantial improvement when compared with autologous bone only. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study. A study of platelet-rich plasma on anterior fusion in spinal injuries concluded that this is not a clear advancement in spinal fusion in terms of a clinical benefit. In summary, the ODG do not support the use of PRP as a treatment modality. There is insufficient documentation in the medical records to support the rationale of PRP for this patient. For these reasons, a Platelet-Rich Plasma injection at the L4-5 area under fluoroscopy is not considered as medically necessary.