

<b>Case Number:</b>	CM15-0176227		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old male with an industrial injury dated 06-04-2015. Medical record review indicates he is being treated for low back pain, lumbar 4-lumbar 5 spondylo-  
listhesis grade 1, lumbar 4-lumbar 5 facet mediated pain and thoracic pain. In the progress note dated 08-13-2015 the treating physician documents "Patient states that his low back pain is 50% better compared to previous to the lumbar PRP (platelet rich plasma) intradiscal injections." According to documentation by the treating provider the injured worker was able to return to lot of normal family life including gardening. The injured worker noted a "flare of symptoms" in regards to his mid thoracic pain. The treating physician documents "He does have difficulty with standing straight up as well as extension and rotation with piercing pain throughout the regions of the thoracic spine." His medications included Celebrex, Tramadol, Diovan and Toprol. Physical exam findings are documented as tenderness to deep palpation over the thoracic 11-thoracic 12 vertebral body interspace and less so with the thoracic 9-thoracic 10 and thoracic 10-thoracic 11 vertebral bodies interspaces. Neurologic exam was documented as full strength in the upper and lower extremities. Light touch was documented as intact throughout the upper and lower limbs. Prior documented treatments are prior platelet rich plasma intradiscal injection and medications. The request for treatment dated 08-18-2015 is for thoracic intradiscal PRP injection and anesthetic discogram 3 levels; thoracic radiology components. On 08-25-2015 the request for thoracic intradiscal PRP injection and anesthetic discogram 3 levels; thoracic radiology components was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anesthetic discogram 3 levels; Thoracic radiology components:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. 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 The Official Disability Guidelines: Low Back Pain: Discogram.

**Decision rationale:** The Official Disability Guidelines state that discography or myelography thoracic spine is not medically necessary. Discography is not recommended. The conclusion of recent, high-quality studies on discography have significantly questioned its use as a preoperative indication for either IDET or fusion. The medical record documentation did not contain a clinical rationale or a detailed history and physical examination. Discography is not recommended in the Official Disability Guidelines. Consequently, absent clinical documentation to support thoracic discography in contravention of the guidelines, discogram or myelogram to the thoracic spine is not medically necessary.

**Thoracic intradiscal PRP injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. 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 Intradiscal Therapy:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3978730/>.

**Decision rationale:** The CA MTUS and the ODG does not issue a statement on PRP. The peer reviewed literature state that the limited and intradiscal PRP is still investigational. Given the limited studies on the safety and efficacy of this procedure and the lack of guidelines to make recommendations for or against this procedure; the request is not medically necessary.