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| Case Number: | CM15-0079318 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 10/19/1999 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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: North Carolina
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 53 year old male, who sustained an industrial injury on 10/19/1999. According to a progress report dated 04/01/2015, 100 percent of symptoms were in his back. Pain was rated 7 on a scale of 1-10. Symptoms were constant and unchanging. He was limited to sitting 15 minutes. He had difficulty walking longer than 15 minutes. He reported anxiety, difficulty sleeping bilateral low back and buttock pain. Current medications included Ativan. The provider noted that the source of the injured worker's pain was most likely discogenic. He had an epidural block that did not help. His pain was almost all axial. In the past, restorative solutions had helped after a series of three. Treatment plan included lumbar platelet rich plasma at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar platelet rich plasma at L4-L5 and L5-S1: 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), Low Back, Platelet-rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OPG, platelet rich injections, spine.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. Per the ODG, platelet rich injection into the spine is not recommended. Only exception is with certain spinal surgeries. Therefore criteria have not been met and the request is not medically necessary.