

<b>Case Number:</b>	CM15-0079458		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, 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 31 year old male, who sustained an industrial injury on 06/30/2014. He has reported injury to the low back. The diagnoses have included lumbar herniated disc; and degeneration lumbar/lumbosacral IV disc. Treatment to date has included medications, diagnostics, ice/heat, injections, home exercise, and physical therapy. Medications have included Naproxen. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating into the left lower extremity, with numbness and tingling; usual pain level is 10/10; and reports pain relief from the recent transforaminal epidural steroid injection with significantly improved leg symptoms. Objective findings included mild low back pain with flexion of the lumbar spine; and straight leg raising is positive on the left. The treatment plan has included the request for evaluation and treatment by interventional spine specialist, quantity: 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment by Interventional Spine specialist Qty: 1: 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, Intradiscal electrothermal anuloplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back chapter- PRP and pg 75.

**Decision rationale:** According to the guidelines, platelet rich plasma is not recommended to due lack of clinical evidence with lack of economic justification. In this case, the claimant received ESI. The referral to an intervention spins specialist was for PRP. The request is not medically necessary for the purpose of PRP.