DATE OF REVIEW: August 7, 2007

IRO Case #:

Description of the services in dispute:

Is the use of prolotherapy for this patient medically necessary?

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is certified by the American College of Osteopathic Family Physicians. This reviewer is a member of the American Osteopathic Association. This reviewer has been in active practice since 1990.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The current literature does not support the use of prolotherapy at this time. Further research is needed. It is not medically necessary for this patient.

Information provided to the IRO for review

Pre-Authorization Services reports dated 7/13/07 and 7/2/07, 4 pages
Records dated 7/20/07:
Notice of IRO case assignment dated 7/19/07, 1 page
Prior independent review decision dated 7/19/07, 5 pages

Utilization review referral dated 5/2/07, 1 page
Pre-authorization request for prolotherapy dated 5/2/07, 3 pages
Utilization review referral dated 5/8/07, 1 page
Pre-authorization request for Tripper point dated 5/8/07, 2 pages
Request for psychometric testing dated 5/31/07, 1 page
Letter to whom it may concern dated 5/23/07, 2 pages
Pre-authorization request: Psychometric testing dated 5/31/07, 3 pages
Fax Medical & Rehab dated 5/3/07, 1 page
Report of medical evaluation dated 5/3/07, 1 page
Designated doctor evaluation dated 5/3/07, 5 pages
Utilization review referral dated 6/27/07, 1 page
Pre-authorization request for Prolotherapy dated 6/27/07, 3 pages
Utilization review referral dated 7/6/07, 1 page
Records received from Dr. dated 7/23/07:
Patient information dated 11/20/06, 1 page
Patient demographics dated 4/17/07, 2 pages
Worker's compensation data form dated 4/17/07, 2 pages
Pharmacy information form, 1 page
Notice of Advance Directive dated 4/17/07, 1 page
Subsequent visits and findings dated 4/17/07-6/19/07, 1 page
Patient information sheets dated 4/17/07, 4/24/07, 5/1/07, 5/7/07, 5/8/07, 5/11/07, 5/15/07, 5/30/07, 6/13/07, 6/19/07 and 7/2/07, 14 pages
Appeal dated 7/6/07, 4 pages
Pre-Authorization services reports dated 7/2/07, 6/19/07, 5/14/07 and 5/8/07, 7 pages
Medications and other therapeutic modalities, 1 page

Patient clinical history [summary]

This case involves a patient that had a work related injury to the low back. The patient went on to have 2 epidural steroid injections, but this did not help. The patient went on to have lumbar disc surgery, but continued to have low back pain. Dr. wants to use prolotherapy for this patient.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

1. Items in dispute is CPT code #64475.

CPT code #64475 is used for facet joint injections. This patient has chronic low back pain and the treating physician wants to use prolotherapy. This involves the injection of a ligament or tendon.

The procedure consists of a series of injections with the goal being to stimulate tissue repair or growth by prompting release of growth factors, such as cytokines, or increasing the effectiveness of existing circulating growth factors. Agents used with prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose, glycerine and phenol, or dextrose alone. Sodium morrhuate (a derivative of cod liver oil) has also been used. These agents are generally injected into the facet joint capsules, ligaments and/or fascia.

The Prolotherapy is not medically necessary. The Peer Reviewed literature does not support the use of Prolotherapy. Kim et al. (2004) conducted a literature review to determine the clinical effect of the use of prolotherapy for osteoarthritis, low back pain, and other musculoskeletal conditions and they concluded, "Given the very limited body of literature available, the clinical efficacy of prolotherapy in treating osteoarthritis, low back pain, and other musculoskeletal conditions remains inconclusive."

Yelland et al. (2004) conducted a systematic review of the literature to determine the efficacy of prolotherapy injections in adults with chronic low back pain and they concluded, "There was no evidence that prolotherapy injections alone were more effective than control injections alone." Robago et al. (2005) conducted a systematic review assessing the effectiveness of prolotherapy for the treatment of chronic musculoskeletal pain. They stated, "That data was inconclusive for prolotherapy as a treatment of musculoskeletal pain and joint laxity; significant limitations exist in all studies to date; and it is unclear which patients might benefit from prolotherapy." The California Technology Assessment Forum reviewed the scientific evidence for the use of prolotherapy for the treatment of chronic low back pain (Feldman, 2004) and they concluded, "It is, therefore, not possible to conclude from the published literature that prolotherapy is superior to placebo injection for the treatment of chronic low back pain."

The current literature does not support the use of prolotherapy at this time. Further research is needed. It is not medically necessary for this patient.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Feldman MD. Prolotherapy for the Treatment of Chronic Low Back Pain. California Technology Assessment Forum. June 2004

Kim SR, Stitik TP, Foye PM, Greenwald BD, Campagnolo DI. Critical review of prolotherapy for osteoarthritis, low back pain, and other musculoskeletal conditions: a physiatric perspective. Am J Phys Med Rehabil. 2004 May;83(5): 379-89.

Rabago D, Best TM, Beamsley M, Patterson J. A systematic review of prolotherapy for chronic musculoskeletal pain. Clin J Sport Med. 2005 Sep;15(5): 376-80.

Yelland MJ, Del Mar C, Pirozzo S, Schoene ML.. Prolotherapy injections for chronic low back pain: a systematic review. Spine. 2004 Oct 1;29(19): 2126-33.