



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 07/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Platelet rich plasma injection into the atlantoaxial and atlanto-occipital joint

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

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.

Platelet rich plasma injection into the atlantoaxial and atlanto-occipital joint - Upheld

PATIENT **CLINICAL**
HISTORY

X-rays of the right knee, skull, left hand, and left elbow interpreted by Dr. on 09/04/06 were negative. A CT scan of the head interpreted by Dr. on 09/04/06 was also negative. X-rays of the facial bones interpreted by an unknown provider on 09/04/06 were unremarkable. On 09/12/06, Ms. recommended a wrist immobilizer, Ultram, and sedentary work duty. X-rays of the left wrist interpreted by Dr. on 09/15/06 were unremarkable. A CT scan of the brain interpreted by Dr. on 09/21/06 revealed a giant cisterna magna, a congenital variant. On 10/02/06, Dr. recommended Elavil, Cyclobenzaprine, and Vicodin. On 12/21/06, the insurance carrier disputed entitlement for hypertension. On 02/22/07, the insurance carrier disputed entitlement for the left knee. On 04/03/07, Dr. recommended a cervical MRI, a Medrol Dosepak, Trilisate, Flexeril, and cervical traction. An MRI of the cervical spine interpreted by Dr. on 05/15/07 was unremarkable. Physical therapy was performed with from 06/27/07 through 07/20/07 for a total of nine sessions. On 08/02/07, Dr. recommended cervical facet injections. The cervical facet injections were performed by Dr. on 09/04/07 and 03/10/08. A bone scan of the neck interpreted by Dr. on 02/08/08 revealed slight asymmetry of uptake within the upper cervical spine. On 06/10/08, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. On 06/17/08 and 06/24/08, wrote letters of non-authorization for an outpatient platelet-rich plasma injection. On 06/26/08, the insurance carrier disputed entitlement for the patient's diabetes and low back pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE
CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT
THE DECISION.

There are no peer reviewed published scientific studies demonstrating long term efficacy of the requested procedure for this patient's current clinical condition. There is no documented support for this procedure in either the ACOEM or ODG Treatment Guidelines. Moreover, there is no objective evidence of any clinical significance of damage, injury, or harm to the atlantoaxial or atlanto-occipital facet joints on either MRI scan or SPECT scanning as documented by Dr. , the radiologist, on 02/08/08. Additionally, the initial progress note three weeks following the most recent injections by Dr. made no mention whatsoever of the alleged side effects caused by the injections, side effects which Dr. documented some five or six weeks later. Therefore, there is certainly clear discrepancy and lack of consistency in the alleged benefit obtained from atlanto-occipital and atlantoaxial facet joint injections performed. However, the overriding concern and lack of justification for this procedure is based upon lack of peer reviewed published scientific evidence and support in nationally-accepted guidelines for medical standards. Therefore, the requested platelet rich plasma injection into the atlantoaxial and atlanto-occipital joint is neither reasonable nor necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA
OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)