

Case Number:	CM13-0049102		
Date Assigned:	01/31/2014	Date of Injury:	07/23/2008
Decision Date:	06/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and his father claim for high-grade myelodysplastic syndrome lesions associated with an industrial injury date of July 23, 2008. The utilization review from October 30, 2013 denied the request for bone marrow transplant-MUD allogeneic transplant due to ongoing treatment with Vidaza with no documentation of failure. The treatment to date has included chemotherapy and bone marrow transplant. Medical records from 2009 through 2013 reviewed showing the patient being diagnosed with myelodysplastic syndrome, refractory anemia with excess blasts. The patient has had CT guided biopsy of left axillary lymph nodes showing low-grade non-Hodgkin's lymphoma. The patient has undergone cycles of chemotherapy and underwent autologous stem cell transplantation previously. The patient does complain of malaise and fatigue. Physical exam demonstrated no notable abnormalities. The patient started Vidaza therapy towards the end of October 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE MARROW TRANSPLANT ATION-MUD (MATCHED UNRELATED DONOR) ALLOGENEIC TRANSPLANT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Stem Cell Transplant for myelodysplastic Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin No. 0836: Hematopoietic Cell Transplantation for Myelodysplastic Syndrome.

Decision rationale: The California MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna Clinical Policy Bulletin No. 0836: Hematopoietic Cell Transplantation for Myelodysplastic Syndrome was used instead. Aetna considers allogeneic (ablative and non-myeloablative) hematopoietic cell transplantation medically necessary for individuals with intermediate-risk or high-risk myelodysplastic syndrome (MDS), and who have not responded to prior therapy and have an available human leukocyte antigen (HLA)-matched donor. In this case, the patient was started on Vidaza, and an anti-neoplastic medication used for treating myelodysplastic syndrome. There have been no new and recent progress notes to indicate outcome of this chemotherapy, hence failure of this therapy has not been reached. Therefore, at the request for bone marrow transplantation-MUD (matched unrelated donor) allogeneic transplant is not medically necessary.