

Case Number:	CM14-0151806		
Date Assigned:	09/19/2014	Date of Injury:	07/12/1995
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family 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:

Patient is a 41-year-old male who has submitted a claim for degeneration of lumbosacral intervertebral disc associated with an industrial injury date of 07/12/1995. Medical records from 2009 to 2014 were reviewed. Patient complained of chronic back pain radiating to the left leg, associated with numbness sensation and weakness. Pain was rated 5 - 6/10 in severity. Physical examination showed antalgic gait favoring the left. Progress report from 7/15/2014 stated that patient had requested a stem cell therapy. The provider cited an article from American Academy of Pain Medicine showing that stem cell transplant was viable and effective in halting or reversing degenerative disc disease of the spine. X-ray of the thoracolumbar spine, dated 1/29/2013, demonstrated mild degenerative change with evidence of posterior vertebral wedging at L4-L5 and L5-S1 of the lumbar spine. Treatment to date has included medications. Utilization review from 08/08/2014 denied the request for Stem cell therapy with Regenexx because it was still investigational / experimental among patients with chronic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stem Cell Therapy With Regenexx: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Stem Cell Arthroplasty

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that stem cell injections are under study for severe arthritis, including knee arthritis (adult stem cells, not embryonic stem cells). Stem cell therapy is used for osteoarthritis, rheumatoid arthritis, spinal injury, degenerative joint disease, autoimmune diseases, systemic lupus erythematosus, cerebral palsy, critical limb ischemia, diabetes type 2, heart failure, multiple sclerosis, and other conditions. Stem cell transplantation has potential for cartilage repair and cell-based therapies for osteoarthritis. Patient is a diagnosed case of degeneration of lumbosacral intervertebral disc. He was interested to undergo stem cell therapy hence this request. However, guidelines state that stem cell is still investigational and experimental for severe arthritis. Moreover, it is unclear if conservative measures have been exhausted to date prior to considering an unconventional form of treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Stem cell therapy with Regenexx is not medically necessary.