

Case Number:	CM14-0098859		
Date Assigned:	07/28/2014	Date of Injury:	03/31/2007
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year old male was reportedly injured on 3/31/2007. The mechanism of injury is undisclosed. The most recent progress note dated 6/11/2014, indicates that there are ongoing complaints of right gluteal burning and sciatica. Physical examination demonstrated tenderness to palpation over lumbosacral junction, no instability, lumbar range of motion flexion 50 degrees with pain, extension 20 degrees, and lateral bending 20 to 25 degrees, 5/5 motor strength in left extremity, sensation intact and symmetric reflexes 2+ in left extremity, and negative straight leg raise. Lumbar discography was performed on 11/30/2009 and MRI of the lumbar spine was performed 9/11/2012 (L5/S1 DDD per progress note). Previous treatment includes physical therapy, left piriformis injection, and Norco. A request was made for L5/S1 stem cell injection, which was not certified in the utilization review on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Stem Cell Injection: 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 (ODG) ODG -TWC -

ODG Treatment Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic): Stem cell autologous transplantation - (updated 08/22/14).

Decision rationale: Official Disability Guideline (ODG) does not currently support lumbar stem cell injections because there is no evidence based human trials demonstrating long term efficiency and safety. Therefore it is considered experimental and not medically necessary at this time.