

Case Number:	CM15-0185495		
Date Assigned:	09/25/2015	Date of Injury:	09/25/2013
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 42 year old female with a date of injury on 09-25-2013. The injured worker is undergoing treatment for lumbar disc disorder, left hip trochanteric bursitis with labral tear and hip and thigh sprain. A physician progress note dated 05-26-2015 documents the injured worker complains of continued pain in her left hip. There was palpable tenderness over the lateral aspect of the left hip and pain with compression. A steroid injection to the left hip and stem cell injections for the labral tear in the left hip is recommended. In a progress note dated 05-28-2015 the injured worker present with lower back pain that radiates to her left leg, with numbness, paresthesia and weakness. She had received a lumbar epidural injection in the past and noted greater than 60% relief. Pain level with this visit is rated 8-9 out of 10. Lumbar range of motion is restricted and painful. Straight leg raise is positive on the left. Lower extremity reflexes are absent at the knees. Sensation to light touch is decreased on the left in the lateral thigh. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injections, physical therapy, use of ice and heat, and chiropractic sessions. She is working full time. The Request for Authorization dated 08-26-2015 includes left hip steroid injection via Fluoroscopy, stem cell injection to left hip, pain patches and wellness pills. On 09-02-2015 Utilization Review non-certified the request for Stem Cell injection to the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stem Cell injection to the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis - Intra-articular growth hormone (IAGH) injection, Stem cell autologous transplantation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Stem Cell Autologous Transplantation.

Decision rationale: The patient presents with continued pain in her left hip. The current request is for stem cell injection to the left hip. The treating physician states, in a report dated 05/26/15, "I recommend that the patient be scheduled for stem cell injections for labral tear in the left hip." (25B) The MTUS guidelines are silent on stem cell injections. ODG guidelines state, "Under study for advanced degenerative arthritis, post-meniscectomy and microfracture chondroplasty - adult stem cells, not embryonic. Stem cell therapy offers future promise for rheumatoid arthritis, spinal injury, degenerative joint disease, autoimmune disorders, systemic lupus erythematosus, cerebral palsy, critical limb ischemia, diabetes, heart failure, multiple sclerosis, and other conditions." In this case, there is currently no support in any of the guidelines for stem cell injection to the knee. The current request is not medically necessary.