

Case Number:	CM13-0027001		
Date Assigned:	01/03/2014	Date of Injury:	03/20/2007
Decision Date:	03/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Surgery 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 physician 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:

Otherwise healthy patient undergoing single level LS laminectomy and fusion. History reveals not bleeding or blood dyscrasias. This is a primary surgery. Cell saver requested. No operative report included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Cellsaver machine rental and technical support: 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 Blood Transfusion 9:139-147, 2011

Decision rationale: Cell saver is appropriate in some conditions: This is from the above article. A single level fusion is not major spine surgery. The patient has no other indications. Table I General indications for cell salvage.

Specialty - Surgical procedure – Comments

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

[REDACTED]