

<b>Case Number:</b>	CM13-0033653		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Orthopedic 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 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 claimant is a 37-year-old gentleman who was injured in work related accident 04/25/12. [REDACTED] 10/14/13 report documented a diagnosis of intervertebral disc disorder and lumbar radiculopathy. It stated that the claimant was status post lumbar arthrodesis on 08/20/13 reporting improvement of pain but continued cramping to the lower extremities and feet. Review of operative report indicated the claimant underwent a one level interbody fusion at the L5-S1 level. Records indicated that a Cell Saver was used for the procedure on 08/20/13. There is a specific request for the use of a Cell Saver for the perioperative course of care in this claimant's 08/20/13 procedure. Operative report indicates that the claimant "tolerated the procedure well with only 200 mL of blood loss."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE ONE CELL SAVER SERVICE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Spine (Phila Pa

1976). 2004 Jul 15;29(14):1580-3.

**Decision rationale:** California MTUS Guidelines are silent. The ODG Guidelines are also silent. When looking at orthopedic peer review literature, for the role of Cell Savers in adult lumbar fusion surgery, the recent literature indicates that the role of Cell Saver devices are "neither necessary nor cost effective during most elective lumbar fusions." The literature states that such indicators as patient weight, surgical time, and levels fused were involved in drawing the above conclusion. In this apparent otherwise healthy individual, there have been no indications for use of a Cell Saver. The operative report indicates only a 200 mL blood loss which would not have been enough for the Cell Saver to re-transfuse the claimant. Specific request for use of the Cell Saver in this case would not have been supported.