

Case Number:	CM13-0037693		
Date Assigned:	12/18/2013	Date of Injury:	07/25/2001
Decision Date:	03/12/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 56 year-old with a date of injury of 07/25/01. A progress report associated with the request for services, dated 09/05/13, identified subjective complaints of constant low back pain. Objective findings included appositve straight leg-raising test. Motor function was difficult to ascertain. There was hypoesthesia in the L3 dermatome. Plain x-rays on 08/28/13 showed 4-5 millimeters of movement on extension and flexion. An MRI on 07/29/13 showed severe spinal stenosis. Diagnoses included severe spinal stenosis at L4-5 and L5-S1 with congenitally short pedicles; anemia, and history of blood transfusion. Treatment has included physical therapy and oral medication. The plan was for a decompressive laminectomy at L4-5 and L5-S1. Request for an x-ray of the lumbar spine was made on 09/09/13. A Utilization Review determination was rendered on 09/30/13 recommending non-certification of "Lumbar spine x-ray; Autologous blood".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state lumbar spine x-rays may be appropriate if the physician believes that it would aid in patient management. In this case, films were obtained for movement as part of a preoperative assessment on 08/28/13. There is no documentation for the need for a repeat x-ray on 09/09/13 (two weeks later). Therefore, there is no documented medical necessity for an x-ray of the lumbar spine.

Autologous blood: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/21992934>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/21992934>.

Decision rationale: Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines address autologous blood donation. There is increasing data on the risk of both allogenic and autologous blood transfusions that has resulted in lower hemoglobin thresholds for transfusion and less transfusions. Storage of autologous blood changes the pH or other characteristics of the stored blood. A 2011 study showed that routine acquisition of autologous blood preoperatively for spinal surgery induced preoperative anemia and resulted in a lower threshold to transfuse and greater blood loss during surgery. In this case, the patient has a diagnosis of anemia. A baseline hemoglobin was not reported, and an autologous donation may not be appropriate. Likewise, there is data that warrants against autologous acquisition. Therefore, there is no documented medical necessity for an autologous blood donation.