

Case Number:	CM14-0011615		
Date Assigned:	02/21/2014	Date of Injury:	07/02/2005
Decision Date:	06/16/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/29/2014

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 Orthopedic Surgery, and is licensed to practice in Texas and 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 injured worker is a 54 year old female who reported an injury on 07/02/2005 due to an unknown mechanism. The clinical note dated 09/09/2013 indicated diagnoses of status post 360 degrees arthrodesis of the lumbar spine with persistent mild radiculopathy on the right and status post hardware block. The injured worker reported cervical spine pain and bilateral ankle pain. On physical exam there was tenderness to palpation over the lumbar spine musculature. The lumbar spine range of motion revealed 50 degrees of flexion, 10 degrees of extension, 35 degrees of right and left lateral bending. The injured worker reported the hardware in her lumbar spine as the source of her pain for which she underwent a hardware block which she reported gave good temporary relief. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELLSA VER MACHINE RENTAL AND CELLSA VER TECHNICAL SERVICE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spine (Phila Pa 1976) Predictive Factors For The Use Of Autologous Cell Saver Transfusion In Lumbar Spinal

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sloan, Tod B. Md, Mba, Phd, Et Al (2009).

Intraoperative Autologous Transfusion Of Hemolyzed Blood. Anesthesia & Analgesia, Volume 109, Issue 1, Pages 38-42.

Decision rationale: The request for cell saver machine rental and cell saver technical service is not medically necessary. In a study authored by Sloan et al it was noted the literature suggests that stroma from damaged cells and contact of the blood with the IAT device can lead to coagulation abnormalities and other morbidities, including adult respiratory distress syndrome. Per the above referenced literature the cell saver units have not been confirmed to be overall effective and safe. The requesting physician's rationale for the request was unclear. Therefore, the request for cell saver rental and cell saver technical service is not medically necessary.