

Case Number:	CM14-0170661		
Date Assigned:	10/23/2014	Date of Injury:	09/27/2012
Decision Date:	11/21/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/15/2014

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 Geriatrics and is licensed to practice in New York. 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 42 year old man with a date of injury of 9/27/12. He was seen by his primary treating physician on 9/3/14 and was going to proceed with surgery of his cervical spine. His exam showed palpable paravertebral muscles tenderness with spasm in the cervical spine with a positive axial loading compression test and Spurling's test. He had generalized weakness and numbness, right more than left. He had tenderness around the anterior glenohumeral region and subacromial space. He had pain and tenderness in his lumbar spine segments with a positive seated nerve root test. His diagnoses were cervical/lumbar discopathy, cervicgia and rule out internal derangement right shoulder. He underwent C4-6 anterior cervical microdiscectomy and fusion and partial corpectomy with lysis of epidural adhesions and anterior cervical cord decompression. Estimated blood loss was 50ml. At issue in this review is the request for a Cell Saver Machine with Cell Saver Disposal Kit, 4 Technician Hours, and Autotransfusion Processing at [REDACTED] date of service: 9/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cell Saver Machine with Cell Saver Disposal Kit, 4 Technician Hours, and Autotransfusion Processing at [REDACTED] date of service: 9/5/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spine (Philadelphia PA 1976)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.manta.com/c/mmf1r22/cardiovascular-plus-inc> up to date: Indications and Hemoglobin Thresholds for Red Blood Cell Transfusion in the Adult

Decision rationale: This injured worker underwent surgical fixation of cervical discopathy after an injury sustained in 2012. There is no history of anemia, cardiovascular illness or pulmonary illness. There is excellent clinical trial evidence that suggests that transfusion should be considered in cases to a hemoglobin (Hgb) concentration of 7 to 8 g/dL. He had an estimated blood loss of 50ml per the surgical operative note. The records do not document that the surgery had high blood loss or that the patient was at risk with blood loss to medically warrant a Cell Saver Machine with Cell Saver Disposal Kit, 4 Technician Hours, and Autotransfusion Processing at [REDACTED] date of service: 9/5/2014.