

Case Number:	CM14-0025097		
Date Assigned:	06/11/2014	Date of Injury:	04/06/2007
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 Family Practice 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 injured worker is a 60-year-old female who reported an injury on 04/06/2007. The mechanism of injury was not specifically stated. Current diagnosis is spinal stenosis. This is a retrospective review for the CardioVascular Plus service and blood transfusion administered on 01/08/2014. It is noted that the injured worker underwent a lumbar interbody fusion at L2-S1 on 01/08/2014. A request for authorization form for CardioVascular Plus service was submitted on 01/08/2014 for a cell saver. The injured worker was evaluated on 01/09/2014. The physical examination on that date revealed normal findings. Laboratory studies indicated a hemoglobin of 5.7 and a hematocrit of 18.5. The injured worker was diagnosed with significant anemia, history of hypertension, hypercholesterolemia, chronic estrogen replacement therapy, history of chest pain with a normal coronary angiogram, multiple medication sensitivities and/or allergies, history of frequent headaches, oral pain, history of subjective palpitations, history of hematochezia, history of skin cancer, and excessive sedation. It is noted that the injured worker was transfused with 3 units of packed red blood cells.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIO VASCULAR PLUS SERVICE FOR BLOOD TRANSFUSION BETWEEN (DOS 1/8/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.manta.com/c/mmflr22/cardiovascular-plus-inc>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 89-92. Decision based on Non-MTUS Citation U.S. Department of Health & Human Services. National Institutes of Health. January 30, 2012.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. Blood transfusions are used to replace blood lost during surgery or a serious injury. Transfusions may be indicated to treat a severe infection or liver disease, an ailment that causes anemia such as kidney disease or cancer, or a bleeding disorder such as hemophilia or thrombocytopenia. Given the degree of blood loss, as indicated by the injured worker's decrease in hemoglobin and hematocrit, the blood transfusion administered following surgical intervention can be determined as medically appropriate. However, there is no documentation of the specific services provided by CardioVascular Plus. The medical rationale as to why the hospital facility was unable to provide such services was not noted. Therefore, the current request for CardioVascular Plus service for blood transfusion cannot be determined as medically necessary.