

<b>Case Number:</b>	CM14-0026811		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/30/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Neurological 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:

According to the records made available for review, this is a 51-year-old female with a 5/30/07 date of injury. At the time (2/14/14) of request for authorization for 1 unit autologous blood donation, there is documentation of subjective finding of progressive low back symptoms with numbness and weakness of the legs, particularly with walking even short distances, difficulty sleeping, and limited mobility due to radiating numbness, paresthesias, pains, and weakness of her lower extremities with ambulation and standing. Objective findings revealed straight leg-raising slightly positive at 50 to 60 degrees, low back tender to palpation, limitation with range of motion of the lumbar spine and pain with range of motion, 4+/5 motor strength with ankle dorsiflexion bilaterally, diminished sensation over anterior lower leg on the right, upper extremity strength 5/5, and diminished sensation in hands bilaterally. The current diagnoses include lumbar spondylolisthesis with spinal stenosis, L4-5, left lateral disc protrusion L3-4, chronic, progressive neurogenic claudication with bilateral lower extremity pains, numbness, and paresthesias associated with low back pain, and chronic pain syndrome. The treatment to date include medications and activity modifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 UNIT AUTOLOGOUS BLOOD DONATION:** 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.NIH.GOV/PUBMED/21992934](http://www.ncbi.nlm.nih.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.NIH.GOV/PUBMED/21992934](http://www.ncbi.nlm.nih.gov/pubmed/21992934).

**Decision rationale:** The MTUS and Official Disability Guidelines (ODG) do not address this issue. The Pubmed medical treatment guideline identify that donation of autologous blood prior to surgery are not consistently supported. Therefore, based on guidelines and a review of the evidence, the request for autologous blood donation is not medically necessary.