

Case Number:	CM14-0028823		
Date Assigned:	06/16/2014	Date of Injury:	09/03/2009
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

Patient is a 48-year-old female who sustained an injury from a fall when she was climbing. She has chronic low back pain. Her status posts a two-level fusion L4-S1. The patient was diagnosed with a pseudoarthrosis. The patient underwent revision lumbar surgery. The surgery consisted of hardware removal re-exploration lumbar fusion at L4-S1. This procedure was performed on January 29, 2014. Cell Saver report describes only 50 ml of blood that was noted with a total of 100 ml of blood loss. At issue is whether cell savor and autotransfusion was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE AUTOLOGOUS INTRA-OPERATIVE BLOOD TRANSFUSION

DOS: 1/29/14: 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). 2013 Feb 15;38(4):E217-22. Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. Owens RK 2nd, et al, Retrospective review.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). 2013 Feb 15;38(4):E217-22. Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. Owens RK 2nd, et al, Retrospective review.

Decision rationale: Autotransfusion was not medically necessary. The operative report from January 29, 2014 indicates that the patient only had 100 ml of total blood loss. Only 50 ml was collected from the Cell Saver machine. There was no significant blood loss and autotransfusion was not medically necessary. In addition, revision lumbar surgery at L4-S1 is not identified as a procedure that would tell a lot of blood loss and would need for Cell Saver technology.

CELL SAVER MACHINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Spine (Phila Pa 1976). 2013 Feb 15;38(4):E217-22. Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. Owens RK 2nd, et al, Retrospective review.

Decision rationale: Guidelines do not address the use of Cell Saver technology. However the article above discusses his predicted factors for the use of Cell Saver lumbar surgery. Revision lumbar fusion surgery is not identified as the procedure that would warrant Cell Saver technology.

SUPPLIES/MATERIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Spine (Phila Pa 1976). 2013 Feb 15;38(4):E217-22. Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. Owens RK 2nd, et al, Retrospective review.

Decision rationale: Since Cell Saver technology was not necessary, the materials were not as well.

TECH HOURS (6) HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Spine (Phila Pa 1976). 2013 Feb 15;38(4):E217-22. Predictive factors for the use of

autologous cell saver transfusion in lumbar spinal surgery. Owens RK 2nd, et al, Retrospective review.

Decision rationale: Cell Saver technology was not needed, hence Cell Saver personnel are not needed.