

Case Number:	CM14-0031617		
Date Assigned:	06/20/2014	Date of Injury:	01/08/2009
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 50-year-old male who was reportedly injured on January 8, 2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated May 6, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated tenderness at the cervical spine with muscle spasms. There was a negative Spurling's test and decreased cervical spine range of motion. Treatment recommended continuing physical therapy and oral medications. Previous treatment included an anterior cervical discectomy and fusion performed on January 17, 2014. A request had been made for a cell saver machine service and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE - 1 CELLSAVER MACHINE SERVICE: 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:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096856/>.

Decision rationale: According to the US National Library of Medicine National Institutes of Health, the use of a cell saver machine is indicated when anticipated blood loss per surgery is 20% or more of the patient's estimated blood volume, cross match compatible blood is unobtainable or the patient is unwilling to accept allergenic blood. There is no documentation in the attached medical record that the cervical spine surgery would anticipate loss of greater than 20% of the injured employee's estimated blood volume nor is there a statement that the injured employee was unwilling to accept allergenic blood. Additionally, it is highly unlikely that a surgical center would not have cross match compatible blood available. Therefore, the request for a cell saver machine (DOS: 1/17/2014) is not medically necessary.