

Case Number:	CM14-0033214		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2011
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 male who presented with persistent complaints of low back pain radiating to the lower extremities and numbness and tingling. A clinical note dated 05/20/13 indicated the injured worker being treated with hydrocodone, tramadol and Medrox ointment. A clinical note dated 11/18/13 indicated the injured worker had complaints of tenderness from the mid to the distal lumbar segments. Pain was elicited with terminal motion. Weakness was identified at the ankle and toes. Dysesthesia was revealed at L5 and S1 dermatomes. The injured worker underwent left shoulder arthroscopy with decompression. Clinical note dated 02/05/14 indicated the injured worker continuing with dysesthesia in a right L5 and S1 dermatomes with weakness in the ankle and toes. The injured worker was recommended for lumbar surgery. The magnetic resonance imaging of the lumbar spine dated 01/07/14 revealed a broad based 1mm central disc protrusion at L5-S1. Mild moderate hypertrophic changes were identified at bilateral facet joints. Mild right neural foraminal narrowing was identified as well. The electrodiagnostic studies on 01/09/14 revealed findings consistent with S1 radiculopathy on the right. The utilization review dated 02/26/14 resulted in a denial for autologous perioperative blood salvage transfusion cell saver supply kit with tech hours on 02/14/14 as no information was submitted regarding the need for the procedure during an elective lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One autologous peri-operative blood salvage/transfusion (during sx) cell saver, supply kit and tech hours (DOS: 2/14/2014) between 2/14/2014 and 2/14/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reitman CA1, Watters WC 3rd, Sassard WR Author information Department of Orthopedic Surgery, Baylor College of Medicine, Saint Luke Episcopal Hospital, Houston, Tx, USA Creitman@bcm.tmc.edu.

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: 1.) Janko Pasternak, Dragan Nikolic, Djordje Milosevic, Vladan Popovic, and Vladimir Markovic. Blood Transfus. Jan 2014; 12(Suppl 1): s182-s186. 2.) Thomas D, Wee M, Clyburn P, et al. Association of Anaesthetists of Great Britain and Ireland. Blood transfusion and the anaesthetist: management of massive haemorrhage. 2010;65:1153-61.

Decision rationale: The clinical documentation indicates the injured worker being recommended for lumbar operative procedure. Use of an autologous perioperative blood salvage transfusion kit is indicated provided that the injured worker is unable to perform a pre-procedure donation and the medical necessity established with the procedure itself. No information was submitted regarding approval of the pending surgery or the patient ability for a pre-procedure donation. Therefore, the retrospective request for one autologous peri-operative blood salvage/transfusion (during sx) cell saver, supply kit and tech hours (DOS: 2/14/2014) is not medically necessary.