

<b>Case Number:</b>	CM14-0036376		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Internal Medicine 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:

The claimant is 53 yo male who sustained an industrial injury on 12/24/2003. The mechanism of injury was not provided for review. His diagnoses include lumbar sprain/strain, lumbar disc disease, and thoracic/lumbosacral neuritis/radiculitis. On 02/20/2014 he underwent a L3-4, L4-5, and L5-S1 anterior discectomy, and anterior lumbar interbody fusion with application of rigid segmental internal fixation. The treating provider has requested coverage for autologous perioperative salvaging/transfusion, cell saver machine, supply kit and Tech hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autologous Perioperative Salvaging/Transfusion:** 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: Medscape Internal Medicine 2013: Autologous salvaging/transfusion.

**Decision rationale:** Autologous blood transfusion is the collection of blood from a single patient and retransfusion back to the same patient when required. This is in contrast to allogenic blood transfusion where blood from unrelated/anonymous donors is transfused to the recipient. The

primary driving forces for the use of autologous blood transfusion are to reduce the risk of transmission of infection and to protect an increasingly scarce resource. The use of autologous blood transfusion is not without risk, complications and cost and therefore should only be considered in situations where there is a high incidence of blood loss/transfusion (anticipated blood loss of >20%). Strict protocols and guidelines must be in place to ensure patient safety. The process is usually reserved for patients with extremely rare blood groups or multiple red cell antibodies where cross-matching is very difficult (in this situation the PAD blood may be frozen to allow greater flexibility in timing of surgery). Patients donating bone marrow. Patients who are so reluctant to receive allogenic transfusion that they would refuse surgery otherwise (within reason). There was no specific indication for the requested service. There was no documentation provided indicating the baseline hematocrit and the estimated concern for blood loss. Medical necessity for the requested item was not established. The requested item was not medically necessary.

**Cellsaver 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: Medscape Internal Medicine 2013: Cellsaver machine.

**Decision rationale:** Cell salvage: blood is collected from suction, surgical drains, or both and retransfused back to the patient after filtration or washing. Cell salvage is emerging as the preferred technique for autologous transfusion and an increasing amount of evidence is accumulating with respect to the efficacy and safety of the technique. There was no specific indication for the requested service. There was no documentation provided indicating the baseline hematocrit and the estimated concern for blood loss. Medical necessity for the requested item was not established. The requested item was not medically necessary.

**Supply Kit:** 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: Medscape Internal Medicine 2013: Cellsaver machine.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Tech 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: Medscape Internal Medicine 2013: Cellsaver machine.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.