MAXIMUS Federal Services

Case Number:	CM14-0039574		
Date Assigned:	07/23/2014	Date of Injury:	03/09/1972
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 claimant injured his low back on 03/09/72. This is a retrospective review for a cellsaver and platelet gel machine with cellsave disposal kit, tech assist, and surgical supplies. The claimant has a history of multiple back surgeries. He has a diagnosis of spinal stenosis and foraminal stenosis at L1-2 and L2-3 with postlaminectomy syndrome. He saw [redacted] on 01/13/14 for a neurosurgical consultation. His spinal surgery was authorized. Diagnosis was neurogenic claudication due to severe central canal and foraminal stenosis at L1-2 and L2-3. On 01/27/14, the surgery was described as being minimally invasive and using an operative microscope. On 03/03/14, laboratory studies indicated a normal hemoglobin/hematocrit (18.8/42.3), platelet count (184), physical therapy. The operative report indicated that he had minimally invasive technique with a microscope as had been planned. Reportedly a cellsaver device was used. There are no documented complications from the surgery. He had a decompression from L1-L3. He has Parkinson's disease, sees a general practitioner for his blood pressure, and has had hypotension. There is no documentation of a bleeding diathesis or an expectation of heavy bleeding at the time of surgery. He has used pain medications and used a TENS unit. He denied side effects from his medications when he was evaluated on 03/28/12. He is status post multiple low back surgeries years ago. On 07/03/14, he saw [redacted] There is no description of a bleeding problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

cellsaver and platelet gel machine with cellsaver disposal kit, tech assist, and surgical supply-retrospective rental: 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: This guideline updates a previous version: Society of Thoracic Surgeons Blood Conservation Guideline Task Force, Ferraris VA, Ferraris SP, Saha SP, Hessel EA 2nd, Haan CK, Royston BD, Bridges CR, Higgins RS, Despotis G, Brown JR; Society of Cardiovascular Anesthesiologists Special Task Force on Blood Transfusion, Spiess BD, Shore-Lesserson L, Stafford-Smith M, Mazer CD, Bennett-Guerrero E, Hill SE, Body S. Ann Thorac Surg. 2007 May;83(5 Suppl):S27-86.

Decision rationale: The history and documentation do not objectively support the request for cellsaver and platelet gel machine with cellsave disposal kit, tech assist, and surgical supplies at the time of microdiscectomy that was minimally invasive for a patient with no documented risk factors for significant bleeding. The California Medical Treatment utilization Schedule MTUS) do not address this type of device. The listed guideline recommends blood salvage interventions for:-In high-risk patients with known malignancy who require CPB, blood salvage using centrifugation of salvaged blood from the operative field may be considered since substantial data supports benefit in patients without malignancy and new evidence suggests worsened outcome when allogeneic transfusion is required in patients with malignancy.-In high-risk patients with known malignancy who require CPB, blood salvage using centrifugation of salvaged blood from the operative field may be considered since substantial data supports benefit in patients without malignancy and new evidence suggests worsened outcome when allogeneic transfusion is required in patients with malignancy. Centrifugation of pump-salvaged blood, instead of direct infusion, is reasonable for minimizing post-CPB allogeneic red blood cell (RBC) transfusion.In this case, there was no documented history of a bleeding diathesis or any medical conditions that may predispose to heavy blood loss during this type of procedure. The medical necessity of the use of a cellsaver and platelet gel machine with cellsave disposal kit, tech assist, and surgical supplies has not been demonstrated.