

Case Number:	CM14-0042032		
Date Assigned:	06/30/2014	Date of Injury:	04/04/1999
Decision Date:	12/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 37-year old female who was injured on 4/4/1999. She was diagnosed with lumbar spinal stenosis. She was treated with physical therapy and medications, but continued to experience low back pain. MRI of the lumbar spine showed a large disc protrusion. She then had lumbar surgery (decompression/fusion) on 3/6/2014. During this surgery an Orthopat machine was used, and the worker incurred an estimated loss of 200 cc of blood during the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Orthopat processor kit 99070: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov

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: Blood saving techniques and medications. In: Blood transfusion guideline. Utrecht (The Netherlands): Dutch Institute for Healthcare Improvement CBO; 2011. p. 321-83. [280 references]

Decision rationale: Orthopat is a device that performs perioperative auto transfusion. Perioperative auto transfusion is not discussed in the MTUS Guidelines or ODG. Other resources

were sought out. The only reliable source of information regarding guidelines or criteria for auto transfusion devices during an operation was from the Netherlands, but will be used as a reference regarding the determination of medical necessity in this case. Guidelines state that criteria/guidelines for the use of peri-operative auto transfusion includes the following: 1. For expected major blood loss, 2. Bacterial contamination poses a contra-indication for use of peri-operative auto transfusion, 3. in emergencies, administration of antibiotic prophylaxis is indicated, 4. Oncological surgery is a relative contraindication, 5. The technique can be used, provided the blood is irradiated at 50 Gy before re-infusion, with or without a leukocyte filter, 6. It is currently recommended to wash peri-operatively collected blood. In the case of this worker, there evidence that there was an estimated blood loss of 200 cc, which is quite small, and the lumbar surgery performed on the worker is not a surgery that typically results in very large blood loss. Although an auto transfusion device may not be as useful in the setting of lower blood loss, it certainly could be considered, but in this case the requested Orthopat and associated tech assist and supplies seems to have all been not medically necessary.

Retro Orthopat machine one day rental e1399: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Retro tech assist 99199: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Retro surgical supplies a4649: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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