

Case Number:	CM14-0044756		
Date Assigned:	06/23/2014	Date of Injury:	01/08/2013
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Spine Surgery 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 patient had 1 C4-C7 anterior spinal surgery on October 14, 2014. The patient had a diagnosis of C4-C7 cervical spondylosis with junctional kyphotic deformity and instability. The patient had routine C4-C7 anterior cervical discectomy and fusion surgery. The patient also had partial corpectomy surgery in the same region. The operative report indicates that the patient had uneventful surgery. Estimated blood loss was approximately 50 ML. This is extremely low. Anterior surgery in the cervical spine typically has low levels of blood loss and uncomplicated cases. At issue is whether Cell Saver technology with autotransfusion was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autologous Peri-Operative Blood Salvage/transfusion during Surgery: 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: The efficacy and cost-effectiveness of cell saver use in instrumented posterior correction and fusion surgery for scoliosis in school-aged children and adolescents.

Decision rationale: Established literature indicates that Cell Saver technology should be used in cases where high blood loss is typical and anticipated. Anterior cervical spine surgery even at multiple levels does not incur large blood loss. Blood loss is typically less than 200 ML for these procedures. Since anterior spinal fusion surgery does not entail significant amount of blood loss, and Cell Saver technology and autologous transfusion is not medically necessary for these type procedures. Criteria for that autologous blood services not met.

Cellsaver and Cellsaver supply kit: Upheld

Claims Administrator guideline: No guidelines were cited by the Claims Administrator.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Other Medical Treatment Guideline or Medical Evidence: The efficacy and cost-effectiveness of cell saver use in instrumented posterior correction and fusion surgery for scoliosis in school-aged children and adolescents.

Decision rationale: Established literature indicates that Cell Saver technology should be used in cases where high blood loss is typical and anticipated. Anterior cervical spine surgery even at multiple levels does not incur large blood loss. Blood loss is typically less than 200 ML for these procedures. Since anterior spinal fusion surgery does not entail significant amount of blood loss, and Cell Saver technology and autologous transfusion is not medically necessary for these type procedures. Criteria for that autologous blood services not met.

Tech hours for DOS: 2/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.