MAXIMUS Federal Services

Case Number:	CM14-0046992		
Date Assigned:	07/02/2014	Date of Injury:	12/13/2010
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 12/13/2010 due to an unknown mechanism. Diagnoses for the injured worker were cervical sprain, post-surgical status not elsewhere classified, disorders of coccyx, and enthesopathy of the hip. Other diagnoses were cervical/lumbar discopathy, right shoulder impingement syndrome with tendinosis. Past treatments for the injured worker were an injection to the shoulder, physical therapy, and surgical intervention. X-rays of the cervical spine revealed excellent position of the implant at the levels C4 through C7. There was no hardware failure. Some lagging bone consolidation was noted. The injured worker had a C4 through C7 fusion on 10/31/2013 and underwent an L5-S1 fusion on 03/14/2014. The injured worker had a physical examination on 07/01/2014 that revealed continued complaints of neck pain as well as right shoulder pain. Examination of the cervical spine revealed a healed scar on the anterior of the neck. Paravertebral muscles were tender to palpation. Spasm was present. Range of motion was improved. Examination of the lumbar spine revealed paravertebral muscles were tender. Linear scar was consistent with recent surgery. Range of motion could not be examined. Scar was red and erythemic. Medications for the injured worker were Medrox pain relief ointment, to be applied to affected area twice a day, and zolpidem tartrate 10 mg one daily. Treatment plan for the injured worker was to complete physical therapy and continue with medications as prescribed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell Saver machine rental and supplies for lumbar: 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 Canan, C. E., Myers, J. A., Owens, R. K., Crawford III, C. H., Djurasovic, M., Burke, L. O., ... & Carreon, L. Y. (2013). Blood salvage produces higher total blood product costs in single-level lumbar spine surgery. Spine, 38(8), 703-708.

Decision rationale: The request for a Cell Saver machine rental and supplies for lumbar is not medically necessary. Intraoperative cell savage is used during surgery to reduce the need for perioperative allogeneic blood transfusion. Although the use of Cell Saver may be beneficial in certain circumstances, its utility has not been clearly established for the common procedure of an adult single level PLDF (Posterior Lumbar Decompression and Fusion). The high cost of Cell Saver in combination with the low complication rate of allogeneic blood transfusion, suggest that Cell Saver should not be used for single level posterior lumbar decompression and fusion. There was no rationale reported in the document submitted for review to support the need for a Cell Saver machine. Therefore, the request is not medically necessary.