

Case Number:	CM14-0047612		
Date Assigned:	06/25/2014	Date of Injury:	08/21/2012
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/31/2014

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 Spinal 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 is a 58-year-old male with a date of injury of August 21, 2012. He has chronic low back pain. The pain radiates into his left leg. He also has numbness in the entire left lower extremity. Physical exam shows back pain with range of motion. He has a normal gait. He has muscle guarding with lumbar range of motion. Lumbar MRI shows disc bulges. Conservative measures included pain medications, physical therapy, and acupuncture. Patient underwent L3-4 decompressive surgery. At issue is whether perioperative Cell Saver and platelet machine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for the date of service 02/05/2014 Autologous peri-operative blood salvage/transfusion; cellsaver and platelet machine; supply kit; tech hrs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbl.nlm.nih.gov/pubmedhealth/PMH0020864>.

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.

Decision rationale: The patient underwent L3-4 decompressive surgery. The surgery typically has very little blood loss. This is non-extensive surgery. There is no clinical need for Cell Saver technology and for autotransfusion with simple single level laminectomy decompressive surgery. In fact, menses cases are performed on an outpatient or 23 hour stay basis. Cell Saver technology and blood transfusion technology would not be medically necessary and appropriate.