

Case Number:	CM14-0053469		
Date Assigned:	07/07/2014	Date of Injury:	11/30/1990
Decision Date:	09/11/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 is a 64-year-old female who sustained a vocational injury while working as an electric mechanic on July 25, 2013. Recommendations were made for an L4-L5 posterior spinal instrumentation and fusion with an L4-5 Posterior Superior Iliac Spine (PSIS) and Transforminal Lumbar Interbody Fusion (TLIF) and subsequently authorization was given on September 6, 2013. The claimant underwent surgical intervention on March 19, 2014 in the form of a bilateral L4-L5 laminotomy, medial facetectomy, lateral recess decompression, transforaminal lumbar interbody fusion using autograft Actifuse and stem cells and autograft, placement of intervertebral cage at L4-5 using a 13 mm silver nitrate and PLDF cage, nonsegmental instrumentation at L4-5 using pedicle screws and posterior spinal fusion at L4-L5 using autograft Actifuse and allograft. The current request is for one day rental of autologous blood salvage/transfusion for the surgery from March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day rental of autologous blood salvage/transfusion from 3/19/14 lumbar surgery.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). The Cell Saver in adult lumbar fusion surgery: a cost-benefit outcomes study. Reltman CAI, Walters Sessard WR. and

Spine (Phila Pa 1976) Blood salvage produces higher total blood product costs in single-level lumbar spine surgery.

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: Spine (Phila PA 1976) The Cell Saver in adult lumbar fusion surgery: a cost-benefit outcomes study.

Decision rationale: California MTUS, ACOEM and Official Disability Guidelines are silent. Article has been reference entitled "The Self-Saver Adult Lumbar Fusion Surgery; The Cost-Benefit Outcome Study from 2004 from The General Spine". The article is from July 15, 2014. The author is noted to be Roltman, Watters, and Sassard. The article concludes that while self-saver group did require fewer postop transfusions the difference was not as much as expected. In elective fusions for degenerative conditions of lumbar spine, blood requirements can usually be satisfied with pre-donation of autologous blood. With contemporary factors of pre-donation, use of self-saver appears to be neither necessary nor cost effective during most lumbar fusions. A second article was published on April 15, 2013 from The General Spine entitle "Blood Salvage Produces High Total Blood Products Cost Than Single-Level Lumbar Spine Surgery". The conclusion of that article was use of the self-save during a single level PLDF did not significantly reduce the need for allogenic blood transfusion and was not cost effective. The high cost of self-saver in combination with the low complication rate of allogenic blood transfusion suggests that self-saver should not be used for single level PLDF. Further studies are needed to evaluate the necessity for self-saver among other types of spinal surgery. Subsequently, based on the documentation presented for review and the articles cited from The Spine Journal, the request cannot be considered medically necessary. The literature has proven that they are not cost effective in regards to single level fusion surgery and the request is considered not medically necessary.