MAXIMUS Federal Services

Case Number:	CM14-0055343		
Date Assigned:	07/16/2014	Date of Injury:	07/22/2008
Decision Date:	12/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/21/2014

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 Georgia and South Carolina. 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 46-year-old female who reported an injury on 07/22/2008. The mechanism of injury was not stated. The current diagnoses include status post C5-6 anterior cervical discectomy and fusion on 05/13/2011, status post L4-5 posterior lumbar interbody fusion on 05/11/2012, status post L4-5 removal of lumbar spine hardware, hypertension, and hyperlipidemia. The injured worker presented on 02/04/2014 for a Comprehensive Preoperative Consultation. The current medication regimen includes atenolol, Norvasc and Ultram. The injured worker's physical examination revealed normal findings. It was noted that laboratory testing to include a SMA-22, CBC, PT AND PTT were unremarkable. The injured worker also underwent a chest x-ray. The injured worker was then cleared for the proposed surgery. On 02/14/2014, it was noted that the injured worker underwent removal of painful hardware, inspection of a fusion mass and regrafting with screw holes. There were no intra-operative or post-operative complications noted. The injured worker was discharged in stable condition. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for autologous perioperative blood salvage for the service date of 02/14/2014: 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) 2010 Apr 20; 35 (9 suppl):S47-56, last updated 04/20/2010

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Blood Transfus. Apr 2011. Intra-operative cell salvage: a fresh look at the indications and contraindications.

Decision rationale: According to an article titled, Intraoperative Cell Salvage: A Fresh Look at the Indications and Contraindications, the American Association of Blood Banks has recommended cell salvage use in cases where there is an anticipated blood loss of 20% or more of the patient's estimated blood volume, when cross matched compatible blood is unobtainable, when the patient is unwilling to accept allogeneic blood, or the mean transfusion for the procedure exceeds 1 unit. The injured worker does not meet any of the abovementioned criteria. As the request is not supported in cases where a significantly high blood loss is not anticipated, the request cannot be determined as medically necessary. As such, the request is not medically appropriate at this time.

Retrospective request for autologous perioperative blood transfusion for the service date of 02/14/2014: 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) 2010 Apr 20; 35 (9 suppl):S47-56, last updated 04/20/2010

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Blood Transfus. Apr 2011. Intra-operative cell salvage: a fresh look at the indications and contraindications.

Decision rationale: According to an article titled, Intraoperative Cell Salvage: A Fresh Look at the Indications and Contraindications, the American Association of Blood Banks has recommended cell salvage use in cases where there is an anticipated blood loss of 20% or more of the patient's estimated blood volume, when cross matched compatible blood is unobtainable, when the patient is unwilling to accept allogeneic blood, or the mean transfusion for the procedure exceeds 1 unit. The injured worker does not meet any of the above mentioned criteria. As the request is not supported in cases where a significantly high blood loss is not anticipated, the request cannot be determined as medically necessary. As such, the request is not medically appropriate at this time.

Retrospective request for Cellsaver supply kit for the service date of 02/14/2014: 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) 2010 Apr 20; 35 (9 suppl):S47-56, last updated 04/20/2010

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Blood Transfus. Apr 2011. Intra-operative cell salvage: a fresh look at the indications and contraindications.

Decision rationale: As the original request for a perioperative blood transfusion has not been authorized, the associated request for a Cell Saver supply kit is also not medically necessary.

Retrospective request for autologous perioperative blood salvage/transfusion technician hours for the service date of 02/14/2014: 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) 2010 Apr 20; 35 (9 suppl):S47-56, last updated 04/20/2010

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. Blood Transfus. Apr 2011. Intra-operative cell salvage: a fresh look at the indications and contraindications.

Decision rationale: As the original request for a perioperative blood transfusion has not been authorized, the associated request for a perioperative blood salvage/transfusion technician is also not medically necessary.