

<b>Case Number:</b>	CM14-0057504		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Neurological 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 injured worker is a 53 year-old male who was reportedly injured on 8/13/2009. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 2/19/214 indicates that there are ongoing complaints of chronic low back pain. The physical examination is handwritten and grossly illegible. Alert and oriented times 3, positive straight leg raise bilateral. No diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, medications, and conservative treatment. A request was made for cell saver service and was denied in the pre-authorization process on 4/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS: 04/21/2014) Cellsaver Service:** 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 Cell Saver in Adult Lumbar Fusion Surgery: A Cost-Benefit Outcomes Study Reitman, Charles A. MD; Watters, William C. III MD; Sassard, Walter R. MD.

**Decision rationale:** While California Medical Treatment Utilization Schedule guidelines do not specifically address the use of cell saver in this injured worker's surgical procedure, while the Cell Saver group did require fewer postoperative transfusions, the difference was not as much as expected. In elective fusions for degenerative conditions of the lumbar spine, blood requirements can usually be satisfied with predonation of autologous blood. With contemporary practices of predonation, the use of the Cell Saver appears to be neither necessary nor cost-effective during most elective lumbar fusions. After searching for applicable guidelines, it seems the cost-benefit ratio does not appear to be necessary. Therefore, the request is not medically necessary and appropriate.