

Case Number:	CM14-0057622		
Date Assigned:	07/09/2014	Date of Injury:	04/21/2010
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgeon 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 49-year-old male who reported an injury on 04/21/2010 due to a trip and fall. The injured worker reportedly sustained an injury to his left knee, neck, and lumbar spine. The injured worker ultimately underwent fusion surgery at the L5-S1. The injured worker was evaluated on 01/10/2014. It was determined that the fusion was unsuccessful and additional revision would be necessary. This occurred on 03/12/2014. The assistance of a cell saver was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro autologous perioperative blood transfusion/salvage on 3/12/14: 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). 2013, Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery, Owens RK, et al.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Swamy, G., Crosby, J., Calthorpe, D., Klezl, Z., & Bommireddy, R. (2011). USE OF CELL SAVER IN INSTRUMENTED THORACO-LUMBAR SPINAL FUSION SURGERY: SHOULD WE USE IT ROUTINELY?. Journal of Bone & Joint Surgery, British Volume, 93(SUPP I), 27-27. Roger Kirk Owens, I. I., Crawford III, C. H., Djurasovic, M., Canan, C. E., Burke, L. O., Bratcher, K. R., ... & Carreon, L. Y. (2013).

Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. Spine, 38(4), E217-E222.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address this request. The use of a cell saver is not supported for the surgical intervention as it is not considered a high risk surgical intervention for blood loss. There is no documentation to support extending treatment beyond the standard of care supported by peer reviewed literature. The clinical documentation does not provide any evidence of a risk for significant blood loss during surgical intervention. Therefore, the need for this type of equipment is not supported by the documentation. As such, the requested retrospective use of autologous perioperative blood transfusion/salvage on 03/12/2014 is not medically necessary or appropriate.