

Case Number:	CM14-0059864		
Date Assigned:	07/09/2014	Date of Injury:	05/04/2004
Decision Date:	08/13/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/30/2014

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 injured worker is a 56-year-old female who reported an injury on 05/04/2004, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker underwent an MRI on 10/21/2013 that documented there was evidence of an interbody and posterolateral fusion at the L4-5, with no evidence of significant stenosis and moderate to severe stenosis at the L3-4 and L2-3 with multilevel facet disease. The injured worker was evaluated on 11/04/2013. It was documented that the injured worker had ongoing pain complaints consistent with mythology identified on the MRI that would require surgical intervention. The injured worker was evaluated on 02/17/2014. It was documented that the injured worker underwent surgical intervention on 01/21/2014. A retrospective request was made for a Cell Saver, OrthoPAT machine, lab technician assistant, and surgical/blood supplies for a 1-day rental for the date of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cellsaver (01/21/14): 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 Feb15;38(4):E217-22, doi:10.1097/BRS.obo13e31827f044e.

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: 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 retrospective Cell Saver 01/21/2014 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this type of durable medical equipment. Peer-reviewed literature indicates that this procedure is not well-scientifically investigated to establish the efficacy for this surgical intervention. It is considered to be a procedure that is under study and has not provided sufficient results to determine its appropriateness. There are no exceptional factors noted within the documentation to support extending treatment beyond a standard of care, as outlined by peer-reviewed literature. As such, the requested retro Cell Saver 01/21/2014 is not medically necessary or appropriate.

Retro OrthoPat machine (01/21/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested procedure is not supported by the documentation, the requested ancillary service is also not supported.

Retro Tech assist (01/21/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested procedure is not supported by the documentation, the requested ancillary service is also not supported.

Surgical/Blood supplies one day rental (01/21/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested procedure is not supported by the documentation, the requested ancillary service is also not supported.