

Case Number:	CM14-0068220		
Date Assigned:	07/14/2014	Date of Injury:	08/16/2013
Decision Date:	09/09/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 59-year-old female with date of injury of 8/16/2013. A review of the medical records indicates that the patient is undergoing treatment for neck pain and cervical fusion and bilateral upper extremity radiculopathy. She is currently status-post a surgical procedure of anterior cervical fusion at C5-C7 with adjacent level degeneration of C4-C5; and removal of hardware at C5-C7. Subjective complaints include neck pain rated at 3-4/10. Objective findings include mild paraspinal spasms and tenderness of cervical spine; 5/5 upper extremity motor strength. Treatment has included surgery, flurbiprofen, ketoprofen, gabapentin creams, and cervical collar. The utilization review dated 5/15/2014 non-certified a cell-saver machine rental, disposal kit, autotransfusion, and technical assistance all related to the surgery on 4/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF CELLSAVER MACHINE RENTAL (DOS 04-23-14):
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
http://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Guideline_Autotransfusion.pdf,

Guideline Statement for Performing Autotransfusion IntroductionElgafy H, et al. Blood loss in major spine surgery: are there effective measures to decrease massive hemorrhage in major spine fusion surgery. Spine (Phila Pa 1976). 2010 Apr 20;35(9 Suppl):S47-56.

Decision rationale: MTUS is silent with regard to Cell Saver (CS) machines. This request and the subsequent ones are all in relation to the surgical procedure the employee had on 4/23/2014. The above stated medical references outline the guidelines when a cell saver or its associated equipment/staff are necessary. The references state, "On the basis of the current literature, there is little support for routine use of CS during elective spinal surgery", where CS refers to Cell Saver machines. The operative note for this patient did not indicate any special circumstances which would justify using a Cell Saver. Therefore, a Cell Saver rental is not medically necessary.

RETROSPECTIVE REVIEW OF DISPOSAL KIT (DOS 04-23-14): 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
http://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Guideline_Autotransfusion.pdf, Guideline Statement for Performing Autotransfusion IntroductionElgafy H, et al. Blood loss in major spine surgery: are there effective measures to decrease massive hemorrhage in major spine fusion surgery. Spine (Phila Pa 1976). 2010 Apr 20;35(9 Suppl):S47-56.

Decision rationale: MTUS is silent with regard to Cell Saver (CS) machines. This request is an adjunct to the one for a Cell Saver and is in relation to the surgical procedure the employee had on 4/23/2014. The above stated medical references outline the guidelines when a cell saver or its associated equipment/staff are necessary. The references state, "On the basis of the current literature, there is little support for routine use of CS during elective spinal surgery", where CS refers to Cell Saver machines. The operative note for this patient did not indicate any special circumstances which would justify using a Cell Saver. Therefore, a disposal kit is not medically necessary.

RETROSPECTIVE REVIEW OF AUTOTRANSFUSION (DOS 04-23-14): 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
http://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Guideline_Autotransfusion.pdf, Guideline Statement for Performing Autotransfusion IntroductionElgafy H, et al. Blood loss in major spine surgery: are there effective measures to decrease massive hemorrhage in major spine fusion surgery. Spine (Phila Pa 1976). 2010 Apr 20;35(9 Suppl):S47-56.

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RETROSPECTIVE REVIEW OF TECHNICAL ASSISTANCE (DOS 04-23-14): 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

http://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Guideline_Autotransfusion.pdf,
Guideline Statement for Performing Autotransfusion Introduction Elgafy H, et al. Blood loss in major spine surgery: are there effective measures to decrease massive hemorrhage in major spine fusion surgery. Spine (Phila Pa 1976). 2010 Apr 20;35(9 Suppl):S47-56.

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