

Case Number:	CM14-0077025		
Date Assigned:	07/18/2014	Date of Injury:	08/07/2010
Decision Date:	08/25/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopaedic 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:

This 45-year-old female food service worker sustained an industrial injury on 8/7/10, relative to a slip and fall. Past surgical history was positive for lumbar laminectomy and fusion at L4/5 and L5/S1 on 6/7/11. The 10/2/13 treating physician report cited severe low back pain radiating down the left buttock, lateral thigh and left leg, worsening over time. Physical exam documented positive straight leg raise on the left and tenderness at the L3/4 level posteriorly. Motor function and reflexes were intact. There were MRI findings of lumbar disc desiccation at L3/4 with clear progression of the stenosis, facet arthropathy and impingement at L3/4. The treatment plan recommended an extension of the prior solid L4 to S1 fusion with direct lateral minimally invasive discectomy and interbody fusion at L3/4. The patient underwent an extension of the lumbar fusion from L3 to S1 on 3/11/14. Records indicated that cell saver was used with an estimated total blood loss of 300 cc. There was no indication of transfusion. A retrospective request was submitted for the cell saver and supplies. The 4/30/14 utilization review denied the request for cell saver based on no documentation of blood loss or the need for transfusion and absent current evidence-based support for cell saver use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell saver and supplies used during lumbosacral spine surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 571-575.

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: Predictive Factors for the Use of Autologous Cell Saver Transfusion in Lumbar Spinal Surgery. (Phila Pa 1976). 2013 Feb 15; 38(4):E217-22.; Gause PR, Siska PA, et. Al.

Decision rationale: The California MTUS and Official Disability Guidelines are silent regarding the use of cell saver. Current peer-reviewed literature stated that the use of autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion. The use of cell saver in instrumented lumbar fusion cases was not able to decrease the need for blood transfusion. Cell-saver use was associated with a significantly higher blood loss. On the basis of the current literature, there is little support for routine use of cell saver during elective spinal surgery. There is no compelling reason to support the medical necessity of cell saver for this patient relative to increased risk factors for hemorrhage. Therefore, this request for cell saver and supplies used during lumbosacral spine surgery is not medically necessary.