

Case Number:	CM14-0077955		
Date Assigned:	07/18/2014	Date of Injury:	06/14/2006
Decision Date:	09/24/2014	UR Denial Date:	05/05/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45 year old female who reported an injury to her neck and low back as a result of work related injuries on 06/14/06. A clinical note dated 01/24/14 indicated the injured worker undergoing physical therapy and epidural steroid injections and utilizing antiinflammatories with minimal improvement. The injured worker rated ongoing pain 8/10. Upon exam, the injured worker demonstrated 50 degrees upon exam sensation was diminished over L5 dermatomes bilaterally. The MRI revealed disc herniations and desiccation at L4 through S1. The injured worker utilized Ultram for pain relief. The operative report dated 03/13/14 indicated the injured worker undergoing L4 to S1 laminectomy and fusion. A clinical note dated 05/02/14 indicated the injured worker demonstrating 40 degrees of lumbar flexion, 10 degrees of extension, and 25 degrees of bilateral lateral flexion; no strength or sensation deficits were identified. The injured worker utilized Norco for pain therapy note dated 05/30/14 indicated the injured worker completing five physical therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one (1) day rental for Cell-saver machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sheng Wu Yi Xue Gong Cheng Xue Za Zhi 2004 Oct: 21 (5):809-11, 818[Clinical study on blood salvage technique in spine orthopedic operation]Transfus Med. 2009 Aug;19 (4):202-6. doi: 10.1111/j.1365-3148.2009.00929.x.

Efficacy and cost-effectiveness of cell saving autotransfusion in adult lumbar fusionZ Orthop Ihre Grenzgeb.2004 Jan-Feb; 142 (1): 109-14.[Rational use of blood cell products in orthopedics and traumatology}.Federal AHRQ National Guidelines Clearinghouse website: 2011 update to the Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists blood conservation clinical guidelines.

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: 1.)A. Ashworth and A. A. Klein: Cell salvage, Br. J. Anaesth. (2010) 105 (4): 401-416. doi: 10.1093/bja/aeq244.2.)Okunuga A, Skelton VA. Use of cell salvage, Int J Obstet Anaesth 2009; 18:90-1.

Decision rationale: The request for cell saver machine for one day rental is medically recommended. Clinical documentation indicates the injured worker undergoing fusion and laminectomy in lumbar spine. No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of cell saver machines. Recent studies have shown that a larger more prospective randomized control trial is needed for confirmation of the safety and efficacy of the use of this device. Therefore, the request is not fully indicated as medically necessary.

Retrospective Supply kit: 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: 1.)A. Ashworth and A. A. Klein: Cell salvage as part of a blood conservation strategy in anaesthesia. Br. J. Anaesth. (2010) 105 (4): 401-416. doi: 10.1093/bja/aeq244.2.)Okunuga A, Skelton VA: Use of cell salvage, Int J Obstet Anaesth 2009;18:90-1.

Decision rationale: Given the denial of the cell saver machine the additional requests are rendered not medically necessary.

Retrospective Technical assistant for six (6) hours: 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: 1.)A. Ashworth and A. A. Klein: Cell salvage as part of a blood conservation strategy in anaesthesia. Br. J. Anaesth. (2010) 105 (4): 401-416. doi: 10.1093/bja/aeq244.2.)Okunuga A, Skelton VA: Use of cell salvage, Int J Obstet Anaesth 2009;18:90-1.

Decision rationale: Given the denial of the cell saver machine the additional requests are rendered not medically necessary.

Retrospective Miscellaneous supplies for the lumbar for 03/13/14: 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 Other Medical Treatment Guideline or Medical Evidence: 1.)A. Ashworth and A. A. Klein: Cell salvage, Br. J. Anaesth. (2010) 105 (4): 401-416. doi: 10.1093/bja/aeq244.2.)Okunuga A, Skelton VA. Use of cell salvage, Int J Obstet Anaesth 2009;18:90-1.

Decision rationale: Given the denial of the cell saver machine the additional requests are rendered not medically necessary.