

Case Number:	CM14-0089636		
Date Assigned:	09/19/2014	Date of Injury:	07/16/2012
Decision Date:	10/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 55-year-old woman who sustained a work related injury on July 16, 2012. Subsequently, she developed chronic low back pain. The patient underwent appropriate conservative management. She was diagnosed with grade 1 spondylolisthesis and a central disc protrusion. She did not improve with conservative management and was provided with alternative treatment including surgery. She elected to proceed with surgery. On May 19, 2014 a lumbar discectomy and fusion at L5-S1 was performed. The provider requested coverage authorization for auto transfusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Hour Technical assistance for DOS: 5/19/14: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Blood Filter and Auto transfusion processing for DOS: 5/19/14: 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: Savvidou, C., et al. (2009). "Efficacy and cost-effectiveness of cell saving blood auto transfusion in adult lumbar fusion." *Transfus Med* 19(4): 202-206. Gause, P. R., et al. (2008). "Efficacy of intraoperative cell saver in decreasing postoperative blood transfusions in instrumented posterior lumbar fusion patients." *Spine (Phila Pa 1976)* 33(5): 571-575.

Decision rationale: MTUS and ODG guidelines are silent regarding this request. There are no controlled studies supporting the safety, efficacy, and reduction for the need for post op transfusions of cell saver auto transfusions. Therefore, the request for 1 Blood Filter and Auto transfusion processing for date of service 5/19/14 is not medically necessary.

1 Day rental of Cell saver machine for DOS 5/19/14: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Cell saver Disposal Kit for DOS: 5/19/14: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.