

Case Number:	CM13-0039189		
Date Assigned:	12/18/2013	Date of Injury:	05/05/2010
Decision Date:	05/08/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male who sustained an industrial injury on April 29, 2010. He has reported lower back pain and has been diagnosed with lumbar spine sprain and strain, disc herniation's, L4-S1, with significant foraminal stenosis, disc deterioration, and endplate and modic changes, bilateral facet arthropathy and facet resection, L4-S1, neurogenic claudication, and status post prior lumbar spine surgery. Treatment has included physical therapy, medications, and lumbar support. Currently the injured worker complains of continued pain and stiffness to the lumbar spine, which radiated down both legs, with numbness and tingling, worse on the left. The treatment request included a retrospective request for cardiovascular plus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cardiovascular Plus (DOS: 8/21/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Cardiac Catheterization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Auto-transfusers; Number: 0639; Last Review 12/18/2014.

Decision rationale: Cardiovascular Plus supplied a cell saver device for the patient during a two-level lumbar discectomy, fusion, and pedicular screw fixation. The MTUS and Official Disability Guidelines are silent on the issue of Cell Savers or auto-transfuser; consequently, alternative guidelines were referenced. Aetna considers the following auto-transfusion and cell saver devices medically necessary for procedures that may deplete blood volume: 1. Emergency or intra-operative auto-transfusion, where blood is collected from the wound or a body cavity, processed, and then returned to the individual. 2. Hemodilution or cell washing auto-transfusion, where blood is collected and simultaneously replaced with sufficient volume of crystalloid or colloid solution. 3. Post-operative auto-transfusion (usually done within 2 hours with a chest tube collection device), where the blood from the chest (or other sterile operative sites) is re-infused following heart surgery and traumatic hemothorax. Aetna considers auto-transfusion and cell saver devices experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established. Note: Auto-transfusion and cell saver devices are not considered medically necessary for members undergoing procedures that are expected to require less than 2 units of blood. The patient's hemoglobin and hematocrit were normal prior to surgery, and there is no documentation that the patient has required blood products during previous surgeries. In addition, the surgeon made no explanation in his notes or the operative report as to why an auto-transfusion device was necessary. Retrospective Cardiovascular Plus provided on 8/21/13 is not medically necessary.