

<b>Case Number:</b>	CM14-0189196		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Orthopedic 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:

The patient is a 57-year-old female who has submitted a claim for lumbar stenosis status post fusion, diabetes, anemia of chronic disease, obesity and migraine associated with an industrial injury date of August 21, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of dull to sharp pain in the low back radiating to the right lower extremity status post lumbar fusion. Physical examination of the lumbar spine showed tenderness and limited motion. The MRI of the lumbar spine, dated November 29, 2012 demonstrated a mild desiccation at the level of L3 to L4 without bulge, and spondylolisthesis of L4 over L5 with severe degenerative facet arthropathy and spinal and foraminal stenosis. Treatment to date has included posterolateral interbody fusion at L4 to L5 and L5 to S1 with spinal instrumentation on October 1, 2014, physical therapy, occupational therapy, and medications. The utilization review from October 31, 2014 denied the request for cellsaver machine, surgical supplies, technician hours, blood services, emergency call retrospective. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cellsaver machine (DOS: 10/01/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbl.nlm.nih.gov/pubmed/15247582>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Autotransfusers

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. It states that autotransfusion may be indicated with procedures that may deplete blood volume. Autotransfusion and cell saver devices are considered experimental and investigational for all other indications. Autotransfusion and cell saver devices are not considered medically necessary for procedures that are expected to require less than two units of blood. In this case, the patient underwent posterolateral interbody fusion at L4 to L5 and L5 to S1 with spinal instrumentation on October 1, 2014. However, there is no documented rationale for a cell saver machine. The medical necessity cannot be established due to insufficient information. Therefore, the request for cell saver machine is not medically necessary.

**Retrospective request for Surgical Supplies (DOS: 10/01/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15247582>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Autotransfusers

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. It states that autotransfusion may be indicated with procedures that may deplete blood volume. Autotransfusion and cell saver devices are considered experimental and investigational for all other indications. Autotransfusion and cell saver devices are not considered medically necessary for procedures that are expected to require less than two units of blood. In this case, the patient underwent posterolateral interbody fusion at L4 to L5 and L5 to S1 with spinal instrumentation on October 1, 2014. However, there is no documented rationale for a cell saver machine hence all of the associated services such as the request for surgical supplies is likewise not medically necessary. Therefore, the request for surgical supplies is not medically necessary.

**Retrospective request for Blood Services (DOS: 10/01/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15247582>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Autotransfusers

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. It states that autotransfusion may be indicated with procedures that may deplete blood volume.

Autotransfusion and cell saver devices are considered experimental and investigational for all other indications. Autotransfusion and cell saver devices are not considered medically necessary for procedures that are expected to require less than two units of blood. In this case, the patient underwent posterolateral interbody fusion at L4 to L5 and L5 to S1 with spinal instrumentation on October 1, 2014. However, there is no documented rationale for a cell saver machine hence all of the associated services such as the request for blood services is likewise not medically necessary. Therefore, the request for blood services is not medically necessary.