

Case Number:	CM14-0191870		
Date Assigned:	11/25/2014	Date of Injury:	06/15/2000
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 55 year old male with an injury date on 6/15/00. Injured worker complains of constant but improving low lumbar pain, with radiating into the lower extremities with pain rated 6/10 per 11/3/14 report. The injured worker had an epidural steroid injection of the lumbar, which helped the pain in the legs but increased the back pain per 10/30/14 report. The injured worker also complained of cervical pain radiating into the upper extremities, which is improving, rated 3/10 per 10/30/14 report. Based on the 11/3/14 progress report provided by the treating physician, the diagnosis is lumbago s/p ROH. A physical exam on 10/30/14 showed "L-spine range of motion restricted. C-spine range of motion limited." The injured worker's treatment history includes epidural steroid injection, medication, Computed Tomography (CT) lumbar, lumbar surgeries (L4-5 fusion, laminectomy, Fusion L1-L3, stated as not helpful). The treating physician is requesting retrospective review of cellsaver machine rental. The utilization review determination being challenged is dated 11/6/14. The requesting physician provided treatment reports from 5/1/14 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review of Cellsaver Machine Rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096856/>

Decision rationale: This injured worker presents with lower back pain, pain in lower extremities and is s/p L4-S1 removal of bilateral lumbar spinal hardware. The treating physician has asked for Retrospective Review of Cellsaver Machine Rental but the requesting progress report is not included in the provided documentation. In an article entitled "Intra-operative cell salvage: a fresh look at the indications and contraindications" by [REDACTED]. [REDACTED] states: "In the past, the AABB (formerly known as the American Association of Blood Banks) has recommended the following general indications for cell salvage use: the anticipated blood loss is 20% or more of the injured worker's estimated blood volume; cross-match-compatible blood is unobtainable; the injured worker is unwilling to accept allogeneic blood, but will give consent to receive blood from intra-operative blood salvage, as in the case of Jehovah's witnesses; more than 10% of injured workers undergoing the procedure require transfusion; the mean transfusion for the procedure exceeds one unit." In this case, the injured worker had a removal of lumbar hardware completed on 10/17/14 with "estimated blood loss around 100mL" which does not meet criteria of 20% of patient's estimated blood volume as per the quoted article by Esper and Watersin. There are no other indications that would require the use of a cellsaver machine. The documentation does not describe the injured worker as requiring a blood transfusion, nor is he stated to be unwilling to accept allogeneic blood. The treating physician does not explain why an intraoperative cell saver machine would be needed. The requested Retrospective Review of Cellsaver Machine Rental is not medically necessary.