MAXIMUS Federal Services

Case Number:	CM14-0193776		
Date Assigned:	12/01/2014	Date of Injury:	09/17/2009
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 Spine Surgery 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 63-year-old male with a reported date of injury on 09/17/2009. The mechanism of injury reportedly occurred when the injured worker was lifting a generator weighing 70 to 80 pounds onto the back of a van. The injured worker was provided a back brace and was released to continue working his usual and customary duties. Over the years, his symptoms would wax and wane, according to his level of activity, but gradually worsened, which he attributed to the nature of his job and work activities. The lumbar MRI, dated 05/30/2012, revealed a loss of lordosis with disc degeneration and spondylosis in the lower lumbar spine. At L4-5, there were short pedicles and posterior element hypertrophy noted. There was a 5 mm disc, left greater than right, bulge or protrusion with moderately severe left greater than right neural foraminal encroachment abutting and displacing the existing L4 nerves. The operative report, dated 09/24/2014, indicates the injured worker underwent anterior lumbar radicular discectomy at L4-5 and L5-S1 with the use of a peek interbody device and bone morphogenetic protein and Grafton putty. The rationale for the request was not provided. The request for authorization for Associated surgical service: Cell saver machine rental (DOS: 09/24/14); Associated surgical service: Surgical supplies purchase (DOS: 09/24/14); Associated surgical service: Technician hours (DOS: 09/24/14); and Associated surgical service: Blood services was submitted on 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cell saver machine rental (DOS: 09/24/14): 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: Owens, Roger Kirk II MD; Crawford, Charles H. III MD; Djurasovic, Mladen MD; Canan, Chelsea E. MPH; Burke, Lauren O. MPH; Bratcher, Kelly R. RN, CCRP; McCarthy, Kathryn J. MD; Carreon, Leah Yacat MD, MS, (2013). Predictive Factors for the Use of Autologous Cell Saver transfusion in Lumbar Spinal Surgery. Spine, Volume 38 - Issue 4, pE217-#222.

Decision rationale: The California MTUS and ODG do not address the request. The article, titled "Predictive Factors for the Use of Autologous Cell Saver transfusion in Lumbar Spinal Surgery" indicates that multilevel fusion and transforaminal interbody fusion result in increased use of autologous cell saver transfusion in lumbar spinal surgery. Use of the autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion. In addition, the article states that conflicting reports exist, which call into question the effectiveness of cell saver use. Therefore, the request for associated surgical service: Cell saver machine rental (DOS: 09/24/14) is not medically necessary.

Associated surgical service: Surgical supplies purchase (DOS: 09/24/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment (DME).

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state that durable medical equipment is equipment which can withstand repeated use, could normally be rented and used by successive patients; primarily and customarily used to serve a medical purpose; generally not useful to a person in absence of illness or injury; and is appropriate for use in a patient's home. The request as submitted failed to provide the specific surgical supplies purchased. Therefore, the request for Associated surgical service: Surgical supplies purchase (DOS: 09/24/14) is not medically necessary.

Associated surgical service: Technician hours (DOS: 09/24/14): 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 Official Disability Guidelines (ODG) Low Back, Surgical Assistant

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state that surgical assistants are recommended as an option in more complex surgeries as identified. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as a surgical assistant. The request for Associated surgical service: Technician hours (DOS: 09/24/14) is related to the use of the cell saver machine, which was noted to be not medically necessary. Therefore, the need for technician would not be medically necessary.

Associated surgical service: Blood services: 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: Owens, Roger Kirk II MD; Crawford, Charles H. III MD; Djurasovic,Mladen MD; Canan, Chelsea E. MPH; Burke, Lauren O. MPH; Bratcher, Kelly R. RN, CCRP; McCarthy, Kathryn J. MD; Carreon, Leah Yacat MD, MS, (2013). Predictive Factors for the Use of Autologous Cell Saver transfusion in Lumbar Spinal Surgery. Spine, Volume 38 - Issue 4, pE217-#222.

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