

Case Number:	CM14-0062716		
Date Assigned:	07/11/2014	Date of Injury:	10/27/1999
Decision Date:	05/01/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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: Physical Medicine & Rehabilitation

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 53 year old male patient who sustained an industrial injury on 10/27/1999. The oldest medical record provided was dated 05/21/2013, and reported subjective complaints of continues to experience back pain, spasm, and limited range of motion. The patient reports his worst pain right now is the medial knee joint pain, swelling, limitation of motion, catching, clicking and grinding. He has trouble going down stairs and has experienced a giving way episode. He did undergo a magnetic resonance imaging of right knee on 05/15/2013. He is diagnosed with postoperative residual radiculitis with weakness; status post fall with contusion and chondral lesion, medial patella right knee, compensable to the above mentioned; knee effusion with internal derangement; failed back syndrome with chronic symptomatology and recurrent internal derangement of the right shoulder. The plan of care involved recommending patient as a good candidate for arthroscopic intervention. The patient is currently temporarily totally disabled. Follow up in four weeks. Of note, the patient did undergo right knee arthroscopy on 06/27/2013, and had a selective epidural catheterization at C3-4 bilaterally, cervical spine epidurogram, neurograms and cervical epidural injection on 10/08/2013. A secondary treating office visit dated 08/07/2013 reported subjective complaints of headaches, and frequent neck pain that radiates to the right upper extremity. He still is with his baseline neck, and low back pain. In addition, he complains of frequent right shoulder pain and post-surgical knee pains. Current medications include Soma, Kadian, Fioricet, Lyrica and Senna. He is diagnosed with status post bilateral laminectomy on 05/27/2010; disc protrusion at L4-5 with mild foraminal stenosis; epidural fibrous granulation tissue at L4-S1; status post fusion at L5-

S1; arthropathy at L4-5; chronic pain syndrome; herniated nucleus pulposus at C3-4; failed back surgery syndrome; complex regional pain syndrome; status post microdiscectomy at L5-S1, myofascial pain and spasm; recurrent disc protrusion versus scar tissue at L4-5 and L5-S1 with bilateral neuralforaminal stenosis; status post anterior posterior fusion at L3-S1 with residual back and leg pain; right greater than left lower extremity neuropathic pain; right shoulder subscapularis tear and biceps tendinitis; right shoulder labral tear; status post anterior corpectomy and discectomy with fusion from C4-6; osteophyte complex at C3-4 with mild central canal narrowing; right shoulder impingement syndrome, cervical radiculopathy, and cervicogenic headaches. The plan of care involved recommending weight loss for the patient, right sided injection at C3-4, and prescriptions for Fioricet, Lyrica, Kadian, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio vascular one day rental: cellsaver machine, cellsaver disposal kit, autotransfusion processing, technician assistance, for use with in-patient cervical spine (neck) surgery:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/> cervical and thoracic spine: table 2, summary of recommendations, cervical and thoracic spine disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse; Blood saving techniques and medications. In: Blood transfusion guideline. Bibliographic Source(s) Blood saving techniques and medications. In: Blood transfusion guideline. Utrecht (The Netherlands): Dutch Institute for Healthcare Improvement CBO; 2011. p. 321-83. [280 references].

Decision rationale: There is now a request for the CellSaver machine, disposal kit, and technical assistance fee. Although the use of the patient's own autologous blood has its advantages, this clearly is not the norm and community standard of care without prior medical indication. There is no mention from the provider that the patient suffers from any hematological disorders or has any religious affiliation to warrant the necessity of this machine. Submitted reports have not shown any complication for significant blood loss, atypical for this surgical procedure nor was there a need for blood transfusion. There was no issue of significant hypotension, thromboemboli, shock with need for vasopressors or lengthy artificial ventilation. The Cardio vascular one day rental: cellsaver machine, cellsaver disposal kit, autotransfusion processing, technician assistance, for use with in-patient cervical spine (neck) surgery is not medically necessary and appropriate.