

Case Number:	CM15-0183037		
Date Assigned:	09/23/2015	Date of Injury:	04/18/2014
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 18, 2014. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for "Cell Saver machine." An August 14, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an August 24, 2015 office visit, handwritten, difficult to follow, not entirely legible, the applicant was described as 10 days removed from earlier lumbar spine surgery. The applicant was kept off of work. On an August 12, 2015 operative report, the claimant underwent a multilevel lumbar spine surgery. On August 13, 2015, it was stated that the claimant was doing well postoperatively and will be discharged shortly. The claimant was described as having issues with thrombocytopenia secondary to early myelodysplastic syndrome versus idiopathic thrombocytopenia purpura. The claimant's medications included Percocet, Neurontin, Soma, and Ambien, it was reported. There was, however, no explicit mention of the need for Cell Saver device. On August 7, 2015, it was stated that the claimant's platelet count was 84,000. The claimant was asked to undergo platelet transfusion immediately prior to undergoing spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cell saver machine with a DOS of 8/14/2015: Overturned

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 <http://www.uptodate.com/contents/surgical-blood-conservation-blood-salvage> Surgical blood conservation: Blood salvage.

Decision rationale: Yes, the request for Cell Saver machine/cell salvage machine is medically necessary, medically appropriate, and indicated here. The request in question appears to represent a request for surgical blood conservation technique in the form usage of the blood salvage machine during surgery. The MTUS does not address the topic. However, the comprehensive literature review conducted by [uptodate.com](http://www.uptodate.com) does suggest that major orthopedic surgery is the "main setting" in which postoperative blood salvage devices are used. Here, the claimant had undergone a multilevel lumbar fusion surgery on or around date in question. Usage of the Cell Saver/cell salvage machine was, thus, indicated in the aftermath of the same. Therefore, the request is medically necessary.