

Case Number:	CM15-0183048		
Date Assigned:	09/23/2015	Date of Injury:	07/11/2013
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 59 year old male, who sustained an industrial injury on 7-11-13. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (6-12-15). Currently, the PR-2 notes dated 9-10-15 indicated the injured worker underwent a bilateral L4-L5 laminotomy and lateral recess decompression, L4-L5 and L5-S1 posterior spinal fusion using segment fuse, allograft and autograft, and posterior segmental instrumentation at L4-L5 and L5-S1 using Aspen spinous process plate on 8-26-15. The provider documents the injured worker was diagnosed with "degenerative disc disease of the lumbosacral spine with spondylolisthesis". Lab work collected on 8-19-15 and reported on 8-20-15 was within normal range with MCV as "high 97.8" of normal "82.0-97.0" range. Medical Clearance Report dated 8-20-15 documents "Immediate plans for today's visit includes lab work, ECG and chest x-ray reviewed. No additional anesthesia risk. Patient instructed to hold NSAIDs use and Aspirin products pre-operatively. Patient is medically stable to proceed with surgery. Chest x-rays preliminary is negative." A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-10-15 and non-certification was for a Retro Cell saver rental and supplies with a dos of 8-26-2015; Retro technician hours with a dos of 8-26-2015; Retro transfusion-blood/bid with a dos of 8-26-2015; Retro RBC leukocyte reduced unit with a dos of 8-26-2015; Retro washed red blood cell unit with a dos of 8-26-2015 and Retro continued hospital stay with a dos of 8-26-2015. Utilization Review denied the requested treatment for not meeting the CA MTUS and ACOEM Guidelines. A request for authorization has been received for a Retro Cell saver rental and supplies with a dos of 8-26-2015; Retro technician hours with a dos of 8-26-2015; Retro transfusion-blood/bid with a dos of 8-26-2015; Retro RBC leukocyte reduced unit with a dos of 8-26-2015; Retro washed red blood cell unit with a dos of 8-26-2015 and Retro continued hospital stay with a dos of 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cell saver rental and supplies with a DOS of 8/26/2015: 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 Roger Kirk Owens, I. I., Crawford III, C. H., Djurasovic, M., Canan, C. E., Burke, L. O., Bratcher, K. R., ... & Carreon, L. Y. (2013). Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. *Spine*, 38(4), E217- E222.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of cell saver. Per Roger Kirk Owens, I. I., et. al, (2013). "Use of autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion". The clinical documentation submitted for review failed to indicate the injured worker would not have a requirement for intraoperative or postoperative allogeneic blood transfusions. There was a lack of documentation of exceptional factors to warrant the use of a cell saver. Additionally, the request as submitted failed to include the specific surgical supplies being requested. Therefore, based on the submitted medical documentation, the request for cell saver is not medically necessary.

Retro technician hours with a DOS of 8/26/2015: 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 Roger Kirk Owens, I. I., Crawford III, C. H., Djurasovic, M., Canan, C. E., Burke, L. O., Bratcher, K. R., ... & Carreon, L. Y. (2013). Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. *Spine*, 38(4), E217- E222.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of cell saver. Per Roger Kirk Owens, I. I., et. al, (2013). "Use of autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion". The clinical documentation submitted for review

failed to indicate the injured worker would not have a requirement for intraoperative or postoperative allogeneic blood transfusions. There was a lack of documentation of exceptional factors to warrant the use of a cell saver. Although the medical documentation supports that this patient required spinal surgery for laminectomy, decompression and spinal fusion; the request for cell saver is not authorized for surgery. Hence, the requested related procedures are not indicated for surgical use as well. Therefore, based on the submitted medical documentation, the request for technician hours are not medically necessary.

Retro transfusion-blood/bid with a DOS of 8/26/2015: 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 Roger Kirk Owens, I. I., Crawford III, C. H., Djurasovic, M., Canan, C. E., Burke, L. O., Bratcher, K. R., ... & Carreon, L. Y. (2013). Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. *Spine*, 38(4), E217- E222.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of cell saver. Per Roger Kirk Owens, I. I., et. al, (2013). "Use of autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion". The clinical documentation submitted for review failed to indicate the injured worker would not have a requirement for intraoperative or postoperative allogeneic blood transfusions. There was a lack of documentation of exceptional factors to warrant the use of a cell saver. Although the medical documentation supports that this patient required spinal surgery for laminectomy, decompression and spinal fusion; the request for cell saver is not authorized for surgery. Hence, the requested related procedures are not indicated for surgical use as well. Therefore, based on the submitted medical documentation, the request for transfusion of blood is not medically necessary.

Retro RBC leukocyte reduced unit with a DOS of 8/26/2015: 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 Roger Kirk Owens, I. I., Crawford III, C. H., Djurasovic, M., Canan, C. E., Burke, L. O., Bratcher, K. R., ... & Carreon, L. Y. (2013). Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. *Spine*, 38(4), E217- E222.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of cell saver. Per Roger Kirk Owens, I. I., et. al, (2013). "Use of

autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion". The clinical documentation submitted for review failed to indicate the injured worker would not have a requirement for intraoperative or postoperative allogeneic blood transfusions. There was a lack of documentation of exceptional factors to warrant the use of a cell saver. Although the medical documentation supports that this patient required spinal surgery for laminectomy, decompression and spinal fusion; the request for cell saver is not authorized for surgery. Hence, the requested related procedures are not indicated for surgical use as well. Therefore, based on the submitted medical documentation, the request for leuko-reduced unit is not medically necessary.

Retro washed red blood cell unit with a DOS of 8/26/2015: 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 Roger Kirk Owens, I. I., Crawford III, C. H., Djurasovic, M., Canan, C. E., Burke, L. O., Bratcher, K. R., ... & Carreon, L. Y. (2013). Predictive factors for the use of autologous cell saver transfusion in lumbar spinal surgery. *Spine*, 38(4), E217- E222.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of cell saver. Per Roger Kirk Owens, I. I., et. al, (2013). "Use of autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion". The clinical documentation submitted for review failed to indicate the injured worker would not have a requirement for intraoperative or postoperative allogeneic blood transfusions. There was a lack of documentation of exceptional factors to warrant the use of a cell saver. Although the medical documentation supports that this patient required spinal surgery for laminectomy, decompression and spinal fusion; the request for cell saver is not authorized for surgery. Hence, the requested related procedures are not indicated for surgical use as well. Therefore, based on the submitted medical documentation, the request for washed red blood cell unit is not medically necessary.

Retro continued hospital stay with a DOS of 8/26/2015: 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 Milliman Guidelines, 19th edition, Inpatient Admission Criteria, Spinal Fusion and Laminectomy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of inpatient admission for spinal surgery. Although the medical

documentation supports that this patient required spinal surgery for laminectomy, decompression and spinal fusion; the request for continued inpatient admission is not supported. Specifically, the medical documentation does not clearly specify why an inpatient longer than the goal length of stay is being requested. Per Milliman Inpatient Admission Criteria, 19th edition, laminectomy with spinal fusion has a goal length of stay of 1-3 days. Inpatient admissions that exceed this length of stay should clearly document the reason for continued admission. Therefore, based on the submitted medical documentation, the request for continued inpatient admission is not medically necessary.