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| Case Number: | CM15-0202728 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 01/24/2012 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 43-year-old male with a date of industrial injury 1-24-2012. The medical records indicated the injured worker (IW) was treated for L5-S1 disc herniation, facet arthropathy and disc deterioration, endplate destruction and grade II Modic changes; high grade foraminal stenosis at bilateral L5-S1. In the operative report (9-14-15), the notes stated estimated blood loss was 200 ml. According to the Autologous Blood Record, 0 ml of blood was returned to the patient (IW). The IW's preoperative hemoglobin was 14.5, hematocrit was 44.3, PT was 13.2, PTT was 25.6, platelet count was 174 and potassium was 3.8; these were all within normal limits. There was no documentation that the IW would not be able to receive a homologous blood transfusion if it was needed. A Request for Authorization was received for retrospective Cellsaver rental and supplies for date of service 9-14-15. The Utilization Review on 10-1-15 non-certified the request for retrospective Cellsaver rental and supplies for date of service 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell Saver Rental and Supplies, DOS 09/14/2015: 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
http://www.aetna.com/cpb/medical/data/600_699/0639.html.

Decision rationale: According to the Aetna Clinical Policy Bulletin, Cell Saver rental and supplies, date of service September 14, 2015 is not medically necessary. Aetna considers the following autotransfusion and cell saver devices medically necessary for procedures that may deplete blood volume: 1. Emergency or intra-operative autotransfusion, where blood is collected from the wound or a body cavity, processed, and then returned to the individual. 2. Hemodilution or cell washing autotransfusion, where blood is collected and simultaneously replaced with sufficient volume of crystalloid or colloid solution. 3. Post-operative autotransfusion (usually done within 2 hours with a chest tube collection device), where the blood from the chest (or other sterile operative sites) is re-infused following heart surgery and traumatic hemithorax. Aetna considers auto transfusion and cell saver devices experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established. Note: Autotransfusion and cell saver devices are not considered medically necessary for members undergoing procedures that are expected to require less than 2 units of blood. In this case, the injured workers working diagnoses are L5 - S1 disc herniation; bilateral foraminal stenosis and nerve compression L5 - S1; advanced distal degeneration and facet arthropathy L5 - S1; and a combination of severe mechanical axial back pain and radiculopathy. According to an operative report dated September 14, 2015, the injured worker presented for posterior spinal fusion among the intertransverse and inter-facet region of L5 - S1 using autograft bone, synthetic bone substitute and iliac crest derived stem cells. The additional procedures are enumerated in the operative note dated September 14, 2015. There is no documentation of comorbid conditions resulting in increased bleeding. There is no clinical indication or rationale for a cell saver in the operative note dated September 14, 2015. According to an August 20, 2015 progress note, the treating provider examined the injured worker for a preoperative evaluation. The recommendations and treatment section indicated the treating provider discussed at length the pros and cons, risks and benefits and potential complications. There were no specific details regarding depleted blood volumes and an indication for cell saver, if indicated. The Aetna Clinical Policy Bulletin considers auto transfusion and Cell Saver devices medically necessary for procedures that may deplete blood volume. The surgeon submitted a request for authorization for the Cell Saver unit. The request for authorization is a preprinted form. Additionally, Cell Saver devices are not considered not medically necessary for procedures that are expected to require less than two units of blood. There is no clinical indication of loss will exceed two units of packed red blood cells. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication of anticipated blood loss exceeding two units of packed red blood cells and no clinical indication or rationale in the medical record for a Cell Saver unit, Cell Saver rental and supplies, date of service September 14, 2015 is not medically necessary.