

Case Number:	CM15-0024109		
Date Assigned:	02/13/2015	Date of Injury:	07/15/2011
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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
 Certification(s)/Specialty: Orthopedic Surgery

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 female who reported an injury on 07/15/2011. The injured worker was noted to undergo an anterior posterior laminectomy, decompression and fusion at L5-S1 on 06/25/2014. The diagnoses included lumbar sprain/strain, spinal stenosis lumbar region without neurogenic claudication, and lumbago. The documentation of 05/12/2014 revealed the injured worker had grade 2 spondylolisthesis of L5-S1. The injured worker was noted to want to proceed with surgery. The mechanism of injury was not provided. The documentation indicated the injured worker had utilized a cell saver on 06/25/2014. It included a request for a cell saver rental, disposal kit, cell saver technical assistance, blood bag, transfusion components, RBC leukocytes, washed red blood cell units, and anticoagulation suction. The Request for Authorization was dated 06/25/2014 for a cell saver for the injured worker. The rationale was noted to be it ensures the availability of the injured worker's own blood after processing with elimination of laboratory testing for compatibility and provides red cells that are superior in quality to banked blood, reduces net intraoperative blood loss, eliminates the risk of exposure to hepatitis or other transmitted diseases, eliminates the risk of serious febrile/allergic transfusion reactions, and is acceptable to many members of religious groups who would otherwise refuse transfusion. Additionally, it was noted to offer the injured worker psychological benefits of participating in their own care and the reassurance of receiving their own blood, and is cost effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell saver and surgical supplies for cell saver: 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) Other Medical Treatment Guideline or Medical Evidence: 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: 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 and there was a lack of documentation per the supplied documentation regarding the date of service. Given the above, the request for cell saver and surgical supplies for cell saver is not medically necessary.