MAXIMUS Federal Services

Case Number:	CM15-0089753		
Date Assigned:	05/14/2015	Date of Injury:	03/08/2014
Decision Date:	06/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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
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 who sustained an industrial injury on 03/08/2014. The injured worker was diagnosed with lumbosacral disc degeneration and neural foraminal stenosis. After failing conservative measures and increasing symptoms of pain and lower extremity weakness, the injured worker underwent and anterior L5-S1 fusion with open wedge osteotomy, discectomy and instrumentation on January 6, 2015 followed by physical therapy. Current medications were noted as Norco. The current request is for a Cell-Saver machine rental with supplies, cell-saver technician times 5 hours and auto transfusion processing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cellsaver machine rental, cellsaver supplies, cellsaver technician hours x 5, autotransfusion processing: 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 National Institutes of Health website www.ncbi.nlm.nih.gov/pmc/articles/PMC3096856/.

Decision rationale: The 53 year old patient is status post L5-S1 anterior fusion, discectomy, L5-S1 open edge osteotomy, and L5-S1 instrumentation, as per operative report dated 01/06/15. The request is for Cellsaver machine rental, cellsaver supplies, cellsaver technician hours x 5, autotransfusion processing. The RFA for the case is dated 04/01/15, and the patient's date of injury is 03/08/14. The patient reports improving back pain, as per progress report dated 01/15/15. As per progress report dated 12/15/14 (prior to the surgery), the patient was diagnosed with lumbar spinal stenosis and lumbar neural foraminal stenosis at the lumbosacral junction, advanced degenerative disc disease, and protracted severe mechanical lumbago in the lumbar spine. The patient is temporarily totally disabled, as per progress report dated 01/15/15. In an article entitled "Intra-operative cell salvage: a fresh look at the indications and contraindications" by [redacted] and [redacted] the National Institutes of Health states: "In the past, the AABB (formerly known as the American Association of Blood Banks) has recommended the following general indications for cell salvage use: the anticipated blood loss is 20% or more of the patient's estimated blood volume; cross- match-compatible blood is unobtainable; the patient is unwilling to accept allogeneic blood, but will give consent to receive blood from intra-operative blood salvage, as in the case of Jehovah's witnesses; more than 10% of patients undergoing the procedure require transfusion; the mean transfusion for the procedure exceeds one unit." In this case, none of the progress reports discuss the request. The patient is status post lumbar surgery on 01/06/15 with an estimated blood loss of less than 75 ml, as per the operative report. This does not meet the 20% blood loss criteria mentioned in article by [redacted] and [redacted]. There is no discussion regarding blood transfusion or the patient's unwillingness to accept allogenic blood. The treater does not explain the need for this machine. Hence, the request for Cellsaver machine, supplies, technician and autotransfusion processing IS NOT medically necessary.