

<b>Case Number:</b>	CM14-0123290		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 27-year-old female housekeeper sustained an industrial injury on 6/15/13. Injuries occurred when she was the front seat passenger in an SUV involved in a rollover accident off an embankment on a freeway. Past medical history was positive for tobacco use, diabetes, and obesity. The 12/9/13 cervical MRI impression documented a C2/3 disc protrusion extending into the left neural foraminal exit zone resulting in compromise without spinal stenosis. At C4/5, there was a disc bulge that did not appear to result in significant neural foraminal exit zone compromise or spinal stenosis. There was a 3-4 mm disc protrusion at C5/6 predominantly mid-line, but extending slightly to the right. The neural canal was congenitally small and this disc protrusion resulted in compression of the cord with spinal stenosis. At C6/7, there was a disc protrusion compromising the right exiting nerve root with mass effect upon the right lateral aspect of the cord. The 2/19/14 electrodiagnostic study findings showed evidence of mild bilateral carpal tunnel syndrome and right C7 radiculopathy. The 6/24/14 neurosurgical report cited persistent constant severe neck and right upper extremity pain with numbness and tingling into the 4th and 4th fingers and generalized weakness. Conservative treatment had failed. Surgery was recommended. The 7/15/14 utilization review certified the request for anterior cervical discectomy and fusion at C5/6 and C6/7 with associated medical clearance, pre-operative testing, post-operative cervical collars, cervical pillow, bone growth stimulator, and DVT wrap. The request for blood donation was denied as guidelines did not consistently support the donation of autologous blood prior to surgery. The request for pre-op home health evaluation was denied as there was no documentation that the patient would require recommended medical treatment or be homebound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood donation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Efficacy of preoperative autologous blood donation for elective posterior lumbar spinal surgery" (<http://www.ncbi.nlm.nih.gov/pubmed/21992934>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical Practice Guideline for the Patient Safety at Surgery Settings, Quality plan for the National Health System of the Ministry of Health, Social Policy, and Equality. Barcelona (Spain): Agency for Information, Evaluation, and Quality in Health of Catalonia (AIAQS); 2010 191 p.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide recommendations for autologous blood transfusions. The National Guideline Clearinghouse was referenced. Clinical practice guidelines strongly recommend preoperative autologous blood donation as it can be used to reduce exposure to allogeneic blood. Given the magnitude of surgery, this request is medically necessary.

**Preoperative home health evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG, Low Back chapter & <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. There is no clear documentation as to the type of medical treatment requiring home health services for this patient. There is no indication that the patient will be homebound. Therefore, this request is not medically necessary.