

Case Number:	CM14-0181079		
Date Assigned:	11/04/2014	Date of Injury:	06/26/2008
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery, has a subspecialty in Spine 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:

According to the records made available for review, this is a 70-year-old female with a 06/26/08 date of injury, and L3-L5 decompression and fusion on 9/18/14. At the time (9/18/14) of request for authorization for Cell saver machine with surgical supplies, there is documentation of subjective (low back pain) and objective (positive pain of facet loading maneuver with radiation of pain to the right posterior thigh, decreased lumbar range of motion, and tenderness to palpitation over the L3-S1 paravertebral muscles) findings, current diagnoses (lumbar spondylosis, lumbar degenerative disc disease, and lumbar radiculopathy), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell saver machine with surgical supplies: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/20407351>

Decision rationale: MTUS and Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies that Cell Saver Machine is not recommended during elective spinal surgery. Therefore, based on guidelines and a review of the evidence, the request for cell saver machine with surgical supplies is not medically necessary.