

<b>Case Number:</b>	CM14-0080296		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/31/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

The patient is a 50 year old male with a date of injury on 5/24/2010. The patient is status post laminectomy with decompression and discectomy at L5-S1 in 2012. Subjective complaints are of ongoing back pain. Physical exam shows decreased lumbar range of motion, and tenderness and spasm. There was a positive straight leg raise test, and decreased sensation in the lateral legs bilaterally. Patient had surgery to remove lumbar hardware of 4/11/2014. Request is for use of a CellSaver Machine for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Day Rental, CellSaver Machine, CellSaver Disposal Kit, Surgical Supplies, Technician Assistance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/15922898>  
 Abstract;[http://www.aetna.com/epb/medical/data/600\\_699/0639.html](http://www.aetna.com/epb/medical/data/600_699/0639.html): Clinical Policy Bulletin: Autotransfusers, Number:0639

**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.cnbi-nlm.nib.gov/pubmed/15922898>

**Decision rationale:** CA MTUS and the ODG do not address the use of Cell Saver devices. An article from the National Center for Biotechnology Information states that Cell Saver machines are not necessary for most elective lumbar fusions. The submitted documentation did not identify a specific indication for the necessity of a Cell Saver Machine. Therefore, the medical necessity for this device is not established at this time.