

Case Number:	CM13-0065995		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2010
Decision Date:	03/10/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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: Orthopedic Surgery, Sports Medicine

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 46-year-old male who reported an injury on 08/10/2010. The mechanism of injury was not stated. A request for authorization form was submitted on 10/18/2013 for a cell saver machine rental. The original request for authorization form was signed by the surgeon and submitted on 09/22/2011. An operative report on 09/22/2011, indicated that that the injured worker underwent a lumbar laminectomy at L4, L5 and S1. Preoperative diagnoses included lumbar disc disease, lumbar spinal stenosis and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPAT SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL CENTER FOR BIOTECHNOLOGY INFORMATION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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: According to an article in the Spine Journal, the use of autologous cell saver transfusion did not reduce the requirement for intraoperative or postoperative allogeneic blood transfusion. The medical rationale for the use of such device was not provided within the documentation submitted. Given the above, the request is not medically appropriate at this time.