

<b>Case Number:</b>	CM13-0067260		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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, with a reported date of injury of 08/10/2010. He has reported pain in the lower back. The diagnoses have included status post L4-S1 posterior lumbar decompression with instrumented fusion. Treatments to date have included physical therapy. Currently, the injured worker complains of low back pain. He reported less pain in the lumbar spine with the pain increasing with bending and stooping. The injured worker noted more improvement with physical therapy. The objective findings included restricted motion in the lumbar spine, guarding with motion, hyperextension of the lower back, which caused radiation to the bilateral buttock, muscle spasm, negative straight leg raise to the left in a sitting and supine position, and negative straight leg raise to the right in a sitting and supine position. The medical report from which the request originates was not included in the medical records provided for review. On 12/06/2013, Utilization Review (UR) non-certified the retrospective request for a cell saver machine. The UR physician noted that the use of an autologous cell saver transfusion did not lower the change for postoperative allogeneic blood transfusion for multi-level lumbar surgery. The National Center for Biotechnical Information was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Retrospective Cell Saver Machine (DOS 09/22/2011): 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/19706137>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The pattern of blood loss in adolescent idiopathic scoliosis. van Popta D, Stephenson J, Patel D, Verma R. Spine J. 2014 Dec 1;14(12):2938-45. doi: 10.1016/j.spinee.2014.05.022. Epub 2014 Jun 7. PMID: 24912120 [PubMed - in process] Related citations Select item 24901921 18. The efficacy of cell saver method in the surgical treatment of adolescent idiopathic scoliosis. Akgüç T, Dikici F, Ekinçi M, Buğet M, Polat G, Sar C. Acta Orthop Traumatol Turc.

**Decision rationale:** The current medical literature does not support the use of cell savor for lumbar spinal fusion surgery. Cell savor does not lower the chance for blood transfusion postop, Not medically necessary.