

Case Number:	CM14-0146295		
Date Assigned:	09/12/2014	Date of Injury:	03/02/2006
Decision Date:	05/29/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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

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 67 year old male sustained an industrial injury to the lumbar spine on 3/2/06. Previous treatment included magnetic resonance imaging, lumbar fusion times two, physical therapy, aqua therapy, home exercise, trigger point injections, and medications. In a progress note dated 7/30/15, the injured worker complained of lumbar spine pain associated with numbness, burning, shooting and throbbing radiation to bilateral lower extremities. The injured worker rated his pain 8/10 on the visual analog scale. The injured worker was scheduled for surgery with instrumentation and fusion for T3 to the iliac spine. The physician noted that the injured worker had a broken screw at L5-S1. Current diagnoses included lumbar spine radiculitis, chronic pain, muscle spasms, lumbar post laminectomy syndrome, lumbar spine spondylosis without myelopathy, anxiety, history of lumbar microdiscectomy, history of lumbar fusion, nausea, vomiting, idiopathic scoliosis and hypertension. The treatment plan included proceeding with surgery, using ice and moist heat and medication refills (Nucynta, Duragesic patch, Lyrica, Buspar, Tizanidine and topical compound cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

K2M mesa/integra backup/stealth/cell-saver/ssep/vertebral cement/deputy rod connectors:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, 307. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Intraoperative neurophysiological monitoring; Spine (Phila Pa 1976) 2010 Apr 20;35(9 Supp): S47-56 last updated 04/20/2010, Blood loss in major spine surgery; Spine (Phila Pa 1976) 2008 Mar 1;33(5):571-5, last updated 03/01/2008, Efficacy of intraoperative cell saver in decreasing postoperative blood transfusions in instrumented posterior lumbar fusion patients.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sloan, Tod B. MD, MBA, Phd, Et al 2009, Intraoperative Autologous Transfusion of Hemolyzed Blood. Anestheisa and Analgesia, Volum 109, Issue 1, pages 38-42.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of cell saver. Alternative guidelines were utilized. Sloan et al noted that the stroma from damaged cells and contact of blood with the IAT device can lead to coagulation abnormalities and other morbidities, including adult respiratory distress syndrome. Per this referenced literature, cell saver units have not been confirmed to be efficacious and safe. Therefore, the request for cell saver is not medically necessary.