

Case Number:	CM14-0039957		
Date Assigned:	06/27/2014	Date of Injury:	01/06/2010
Decision Date:	03/23/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 (IW) is a 50 year old female, who sustained a cumulative industrial injury from October 22, 1997 through January 6, 2010. She has reported persistent pain in the low back that radiates to the lower extremities with numbness and tingling and was diagnosed with lumbar 4 through sacral 1 spondylosis with neurocompression, progressive neurologic deficits in bilateral lower extremities with segmental instability. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, pain medications, work duty modifications and treatment modalities. Currently, the IW complains of persistent pain in the low back that radiates to the lower extremities with numbness and tingling. The injured worker reported cumulative industrial injuries from 1997 through 2010. She reported pain in the low back that radiates to the lower extremities with associated tingling and numbness. On May 24, 2103, evaluation revealed continued pain as previously described. Magnetic resonance imaging revealed abnormalities and lumbar spine surgery was recommended. The request for a cell saver was made to store the injured worker's own blood to provide red blood cells to the injured worker if necessary. On March 10, 2014, Utilization Review non-certified a request for Autologous (cell saver elite machine) x 1 day rental, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On April 4, 2014, the injured worker submitted an application for IMR for review of requested Autologous (cell saver elite machine) x 1 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autologous (cell saver elite machining) x 1 day rental, DOS: 01/31/2014: 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 Spine, 2008 March 1:22:571-5

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a cell saver machine. Guidelines state the following: a cell saver was not able to decrease the need for blood transfusions. According to the clinical documentation provided and current guidelines; a cell saver machine is not indicated as a medical necessity to the patient at this time.