

Case Number:	CM14-0060679		
Date Assigned:	08/08/2014	Date of Injury:	10/07/2004
Decision Date:	01/02/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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:

According to the records made available for review, this is a 41-year-old male with a 10/7/04 date of injury, and L4-5 and L5-S1 spinal fusion on 3/19/14. At the time (4/3/14) of the Decision for cell saver machine rental, orthoPAT cell saver disposal kit, orthoPAT reservoir and process kit, technical assistant hours x 4, and surgical supplies, there is documentation of subjective (low back pain radiating to right leg) and objective (estimated blood loss of 100ml) findings, current diagnoses (post laminectomy syndrome and lumbar sprain/strain), and treatment to date (Medications, Acupuncture Therapy, and Epidural Injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cell saver Machine Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Haemonetics OrthoPAT Orthopedic Perioperative Auto Transfusion System <https://www.haemonetics.com/enGB/Products/Devices/Surgical%20-%20Diagnectic%20Devices/OrthoPAT.aapx>

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.ncbi.nlm.nih.gov/pubmed/20407351>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies that Cell Saver Machine is not recommended during elective spinal surgery. Therefore, based on guidelines and a review of the evidence, the request for cellsaver machine rental is not medically necessary.

Associated surgical service: Orthopat Cellsaver Disposal KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Haemonetics OrthoPAT Orthopedic Perioperative Auto Transfusion System <https://www.haemonetics.com/enGB/Products/Devices/Surgical%20-%20Diagnetic%20Devices/OrthoPAT.aapx>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Orthopat Reservoir and Process Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Haemonetics OrthoPAT Orthopedic Perioperative Auto Transfusion System <https://www.haemonetics.com/enGB/Products/Devices/Surgical%20-%20Diagnetic%20Devices/OrthoPAT.aapx>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Technical Assistant Hours x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Haemonetics OrthoPAT Orthopedic Perioperative Auto Transfusion System <https://www.haemonetics.com/enGB/Products/Devices/Surgical%20-%20Diagnetic%20Devices/OrthoPAT.aapx>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Surgical Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Haemonetics OrthoPAT Orthopedic Perioperative Auto Transfusion System <https://www.haemonetics.com/enGB/Products/Devices/Surgical%20-%20Diagnectic%20Devices/OrthoPAT.aapx>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.