

<b>Case Number:</b>	CM14-0008219		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 54-year-old male who reported an injury on 06/22/2011. The mechanism of injury was not provided. The clinical note dated 10/14/2013 noted the injured worker presented with pain in the neck aggravated by repetitive motions, low back pain, wrist pain with nighttime parathesia, symptomatology in the left shoulder, left elbow, bilateral knees, and bilateral feet. Upon cervical spine examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles spasm, pain with motion, positive Tinel's, positive Phalen's, pain with terminal flexion, a weak grip, tenderness around the anterior glenohumeral region and subacromial space, positive Tinel's sign and dysesthesia at the ulnar 2 digits. Exam of the lumbar spine revealed mid to distal lumbar segments, paravertebral muscle spasm, pain with terminal motion, positive seated nerve root, and dysesthesia at the right L5-S1 dermatome. There was tenderness noted at the bilateral feet plantar aspects with pain elicited with dorsiflexion of the toes. The diagnoses were status post C5-6 anterior cervical discectomy and fusion with C4-5 and C6-7 severe junctional level pathology, retained symptomatic cervical hardware C5-6, status post C3-6 hybrid reconstruction, carpal tunnel syndrome/double crush syndrome, left shoulder impingement, rule out rotator cuff pathology, left elbow cubital tunnel syndrome, lumbar discopathy, internal derangement of bilateral knees, MRI evidence grade 3 tear posterior horn medical meniscus of the left knee, and bilateral feet plantar fasciitis. Prior treatment included a course of physical therapy, a bone stimulator unit, x-rays of the cervical spine will be performed, recommended carpal tunnel surgery, medication use. The provider recommended levofloxacin 750 mg with a quantity of 20 for postop SX 12/13/2013. The provider's rationale was to avoid the risk of infection given the potential for exposure to reinfection intraoperatively and during the hospital stay. The Request for Authorization form was dated 12/11/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LEVOFLOXACIN 750 MG #20 (FOR POST OP SX 12/13/2013): 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 Official Disability Guidelines (ODG) Infection Disease, Levofloxacin.

**Decision rationale:** The request for levofloxacin 750 mg #20 for postop SX 12/13/2013 is non-certified. Official Disability Guidelines recommend levofloxacin as a first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. There was a lack of significant objective examination findings to support possible pathology that would warrant the use of levofloxacin. The provider's rationale was to avoid the risk of infection given the potential for exposure to reinfection intraoperatively during the hospital stay. There was a lack of evidence that the injured worker was at high risk for any type of respiratory infection. As such, the request is not medically necessary.