

Case Number:	CM14-0111135		
Date Assigned:	08/01/2014	Date of Injury:	12/31/2012
Decision Date:	10/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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:

The injured worker is a 47-year-old female who was reportedly injured on December 31, 2012. The most recent progress note dated June 20, 2014, indicates that the injured employee's status post lumbar spine surgery and was stated to be improving. The physical examination noted a spasm of the lumbar spine. A subsequent appointment dated June 25, 2014, stated that the injured worker had stopped the antibiotics but there was a boil on the upper thigh and resumption of antibiotics for another month was recommended. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar fusion surgery, physical therapy and oral medications. A request was made for Demeclocycline and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demeclocycline 300mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.nlm.nih.gov/medlineplus/druginfo/meds/a682103.html>

Decision rationale: According to the most recent progress note dated June 25, 2014, the injured worker had a potentially infectious boil appear on the upper thigh. A continuation of prior antibiotics was recommended on this date. Considering this physical examination findings, this request is medically necessary.