

Case Number:	CM14-0024297		
Date Assigned:	06/11/2014	Date of Injury:	04/12/2005
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/26/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 68 year old female with a date of injury on April 12, 2005. The patient is status post anterior cervical vertebrectomy and anterior cervical fusion at C6-C7 in November of 2013. Subjective complaints on January 3, 2014 are of persistent redness around neck incision, and patient was having pain in the cervical spine without radicular pain. The physical exam showed a well-healed incision, with a small area of erythema along the incision, without pus or drainage. The motor strength was intact. The treatment plan was to continue Keflex, and obtain an infectious disease consultation. The patient did proceed to infectious disease where lab work, cultures, and soft tissue computed tomography scan was obtained and a peripherally inserted central catheter (PICC) line ordered for empiric Vancomycin therapy to avoid deep wound, bone, or hardware infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

VANCOMYCIN IV PICC LINE FOR 3 WEEKS QTY: 1.00: Overturned

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) INFECTIOUS DISEASE, BONE & JOINT INFECTIONS.

Decision rationale: The ODG recommends prolonged antibiotic therapy with intravenous antibiotics for infections that could be involving the bone. This patient had persistent wound erythema that was not responding to Keflex, therefore methicillin resistant Staph Aureus (MRSA) was considered as a possible causing agent. The ODG recognizes that Vancomycin is effective against MRSA. This patient was evaluated by an infectious disease specialist and was recommended to begin Vancomycin empiric therapy while cultures and further evaluation commenced. The use of Vancomycin is consistent with guideline recommendations, and was medically necessary for this patient.