

Case Number:	CM14-0056262		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2007
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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:

Patient is a 54 year old male with a date of injury on 9/4/2007. Diagnoses include chronic pain syndrome, post laminectomy syndrome, lumbar radiculopathy, and spinal stenosis. Subjective findings show that patient had significant benefit from a spinal cord stimulator. Physical exam shows patient uses a cane, surgical wound was clean and intact with no erythema. Medications include Clindamycin, Baclofen, Norco, Gabapentin, Tizanidine, Tramadol, and Cymbalta. Request is for the use of post-operative antibiotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

unknown prescription for post operative antibiotics following stimulator generator and leads implant trial: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Women's and Children's Health Surgical site infection; prevention and treatment of surgical site infection. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Oct. 142p. [256 references].

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: Retrospective Review of 707 Cases of Spinal Cord Stimulation: Indications and Complications. Pain Practice Volume 11 2011.

Decision rationale: Referenced guidelines indicate that infection is one of the major complications of SCS (spinal cord stimulator) with incidents of 4-10%. Infections rate were identified as highest in patients with post-laminectomy syndrome as a diagnosis. Complications were diminished with provider experience, close postoperative follow-up, and perioperative prophylactic antibiotics. This patient was recommended for spinal cord stimulator implantation and has a diagnosis of post-laminectomy /failed back syndrome. Therefore, a higher rate of infection is possible with this procedure and perioperative antibiotics would diminish this risk. The request for unknown prescription for post operative antibiotics following stimulator generator and leads implant trial is medically necessary.