

Case Number:	CM14-0204225		
Date Assigned:	12/16/2014	Date of Injury:	02/24/2009
Decision Date:	02/10/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice 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:

This is a 53 years old female patient who sustained an injury on 2/24/2009. She sustained the injury while painting a kitchen on a 10 feet ladder, she fell and hitting the right rib cage on the corner of a counter. The current diagnoses include lumbar post laminectomy pain syndrome, lumbosacral radiculitis, sacroiliac ligament sprain, atlantoaxial sprain and left ankle sprain. Per the doctor's note dated 11/25/2014, she had complaints of low back pain with radiation to bilateral lower extremities, left greater than right. The physical examination revealed well-healed subcostal and lumbosacral incisions, range of motion not tested due to recent withdrawal. The medications list includes baclofen, benadryl, compazine, Cyclobenzaprine, Gabapentin, Hydrocodone, Lorazepam, Lyrica, Tizanidine, and Zoloft. She has had lumbar MRI in 2009. She has undergone lumbar fusion at L5-S1 and an intrathecal pump placement in 2008. She has been approved for intrathecal pump replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nasal PCR test for MRSA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Chapter: Infectious Diseases (updated 11/11/14), Methicillin-resistant staphylococcus aureus (MRSA).

Decision rationale: Per the cited guidelines regarding MRSA test "Recommend screening for risk factors, and universal MRSA decolonization in the ICU. Methicillin-resistant Staphylococcus Aureus (MRSA) is a type of staph bacteria that is resistant to certain antibiotics called beta-lactams. Researchers evaluated the effectiveness of three MRSA prevention practices: following routine care, providing germ-killing soap and ointment only to patients with MRSA, and providing germ-killing soap and ointment to all ICU patients. The third prevention practice, decolonizing all patients who enter the ICU (universal decolonization), was found to be the most effective. (Huang, 2013)." Per the cited guidelines "Risk factors for MRSA The following are reported risk factors for methicillin-resistant staphylococcus aureus (MRSA): (1) Previous history of hospitalization or surgery within the past year; (2) Residence in a long term care facility over the past year; (3) Hemodialysis; (4) Previous MRSA infection; (5) Recent use of antibiotics; (6) Reports of contact sports; (7) Reports of a clinical presentation of an insect bite such as a spider; (8) Evidence of purulence; (9) History of living in crowded conditions (soldiers, incarcerated persons); (10) History of intravenous drug use; (11) History of male to male sexual encounters; (12) MRSA infection in the household. (Gunderson, 2011) (Daum, 2007)." Evidence of presence of risk factors described above is not specified in the records provided. Routine use of MRSA screening is not recommended. The medical necessity of Nasal PCR test for MRSA is not fully established for this patient.