

Case Number:	CM14-0208688		
Date Assigned:	12/22/2014	Date of Injury:	01/25/1996
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Pain Medicine 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 63 year-old female with an original date of injury on 1/25/1996. The mechanism of injury is related to repetitive motion injury due to filing and use of computer keyboard. The industrially related diagnoses are status post laminectomy and discectomy at L4-5 in 1999, status post carpal tunnel release surgery in 2003, status post PLIP and posterior spinal fusion in 2007, right shoulder suprapinatus tears, and right knee lateral and medial meniscus tears, intermitten bilateral cervical radiculopathy, bilateral lumbar radiculopathy, bilateral knee degenerative joint disease, L3-4 stenosis, bilateral bursitis, and C5-6 and C6-7 degenerative disc disease /kyphosis. The patient has had laminectomy and discectomy at L4-5 in 1999, carpal tunnel release surgery in 2003, PLIP and posterior spinal fusion in 2007, revision decompression L4-5 with posterolateral interbody fusion L4-5 with right iliac crest bone graft instrumentation in 2007. A MRI of the right hip and lower back revealed osteoarthritis of right hip in March, 2005. A MRI of the cervical spine on 12/7/2012 showed C5-6 2.0mm central disc protrusion mildly impression on the thecal sac, moderate left neural foraminal narrowing, C6-7 2mm broad based disc protrusion with mild impression on the thecal sac. A MRI of the lumbar spine on 6/4/2013 showed posterior decompression at L4 with posterior lumbar interbody fusion at L4-5, post surgical changes within the lower lumbar soft tissue, L3-4 6.3mm disc bulge with moderate impression on the thecal sac, and bilateral facet arthrosis with marked bilateral neural foraminal narrowing noted, high intensity zone is present within the posterior annular fibers of the disc which may represent annular fissure/tear that may be associated with pain, L4-5 bilateral face arthrosis, and moderate bilateral neural foraminal narrowing, L5-S1 2.8 mm circumferential disc bulge. The treatments to date include physical therapy, oral medication, epidural steroid injections to C7-C1 on 5/13/2013, and cervical facet injection C6-7 on 1/6/2014, bilateral facet blocks of L3-4 on 4/28/2014. The disputed issues are the request for IV antibiotics for 2 weeks,

pain medication of unspecified strength, quantity, and duration, and skilled nursing facility for 2nd week (1st week has been approved). A utilization review dated 11/12/2014 has non-certified these requests. The stated rationale for denial for antibiotics IV was there was no designation of which antibiotic was prescribed and no documentation for indication. With regards to the request for skilled nursing facility for 2nd week, there was again no documentation of indication. With regards to the request for pain medications, there was no documentation to designate which pain medication was prescribed and no documentation of indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV Antibiotic x # of weeks: QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations Page(s): 2. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical practice guideline for the patient safety at surgery settings.

Decision rationale: Regarding the request for antibiotics peri-operative, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the information made available for review, there is no documentation that surgery has been authorized. In addition, the specific antibiotic requested is unknown. In light of these issues, the currently requested antibiotics peri-operative is not medically necessary.

Skilled Nurse Facility (SNF) x 2nd week: 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) Knee Chapter, Skilled Nursing Facility Care.

Decision rationale: Regarding the request for skilled nursing facility, California MTUS and ACOEM do not contain criteria for the use of skilled nursing facilities. ODG recommends the use of skilled nursing facilities if the patient has been hospitalized for at least 3 days for major multiple trauma or major surgery and was admitted to the skilled nursing facility within 30 days of discharge, if treatment for the patient's conditions has caused new functional limitations which

preclude management with lower levels of care, and if those functional limitations cause an inability to ambulate more than 50 feet or perform activities of daily living. Within the submitted documentation, there's no supporting documentation of why the initial skilled nursing facility order was placed and why the patient needed continued care for an additional week. In the absence of such documentation, the request for additional week of skilled nursing facility is not medically necessary.

Pain Medication (unspecified med, frequency & duration) QTY 1: 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 Other Medical Treatment Guideline or Medical Evidence: Unable to provide source of guidelines as no specific medication request has been made.

Decision rationale: The request is for pain medication of unknown strength, frequency, or duration. The submitted documentation does not provide the indication for such an order. There is no guideline recommendation for this type request. Therefore, this request is not medically necessary.