

Case Number:	CM15-0105549		
Date Assigned:	06/09/2015	Date of Injury:	09/25/2012
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 09/25/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervicalgia, joint derangement not otherwise specified of the shoulder, status post right shoulder surgery, and lumbago. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and lumbar epidural steroid injection. In a progress note dated 03/31/2015 the treating physician reports constant, throbbing pain to the right shoulder, and constant, sharp pain to the low back and cervical spine. The low back pain is noted to radiate to the lower extremities and the cervical spine pain is noted to radiate to the upper extremities with associated symptoms of migraine type headaches and tension between the shoulder blades. Examination of the cervical spine reveals tenderness with spasms to the paravertebral muscles, a positive compression test, a positive Spurling's test, and limited range of motion with pain; the examination of the right shoulder was revealing for stiffness and weakness; and the examination of the lumbar spine was revealing for tenderness with spasm at the paravertebral muscles, a positive seated nerve root test, restricted range of motion, no stability, numbness and tingling to the lateral thigh, posterior leg, and foot, and a decreased in strength of the ankle and foot. The injured worker's right shoulder pain level was rated a 5 on a scale of 1 to 10, the injured worker's low back pain level was rated a 4 on a scale of 1 to 10, and the injured worker's cervical spine pain level was rated an 8 on a scale of 1 to 10. Documentation from 03/31/2015 recommends cervical epidural injection, but the medical

records did not indicate any specific inpatient procedure. On 04/26/2015, the treating physician requested Levofloxacin 750mg with a quantity of 30, once a day for seven days after surgery to avoid post-operative infection. The treating physician also noted that due to her potential for infection intra-operatively and during the injured worker's inpatient hospitalization it is necessary for the injured worker to complete a course of antibiotics post-surgically to avoid the risk of infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexafloxacin 750mg qty 30, once a day for seven days after surgery to avoid infection:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.surgicalcriticalcare.net/Guidelines/antibiotic_prophylaxis.pdf.

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: 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. Furthermore, the patient has no comorbidities that would increase risk for infection. In light of these issues, the currently requested antibiotics peri-operative is not medically necessary.