

Case Number:	CM15-0084798		
Date Assigned:	05/07/2015	Date of Injury:	03/20/2003
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 who sustained an industrial injury on 3/20/03. The injured worker was diagnosed as having cervicgia. Currently, the injured worker was with complaints of left upper extremity pain and a non-functioning spinal cord stimulator. Previous treatments included spinal cord stimulator insertion, oral pain medication, and topical patch. The injured workers pain level was noted as 3/10 with the spinal cord stimulator and a 9/10 without the spinal cord stimulator. The plan of care was for a nasal polymerase chain reaction (PCR) test for methicillin-resistant Staphylococcus aureus (MRSA).

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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP,

Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283. [1075 references].

Decision rationale: The MTUS does not address nasal PCR testing for the identification of colonized MRSA preoperatively. Studies have shown that prescreening for asymptomatic MRSA colonization leads to better management and reduced incidence of MRSA infections in the hospital setting. Guidelines suggest that using a single dose of cefazolin is recommended for patients undergoing clean neurosurgical procedures, cerebrospinal fluid (CSF)-shunting procedures, or intrathecal pump placement and state that Clindamycin or vancomycin should be reserved as an alternative agent for patients with a documented, lactam allergy (vancomycin for MRSA-colonized patients). Strength of evidence for prophylaxis = A. The standard of care is quickly including more and more MRSA screening to decide whether or not vancomycin should be used perioperatively or not or to simply use intranasal antibiotic to help reduce the spread of MRSA in the hospital setting. In the case of this worker, who was to undergo a battery replacement of her spinal stimulator. If this procedure takes place, in the opinion of this reviewer, it would be medically necessary and reasonable to have a preoperative nasal PCR test for MRSA.