

<b>Case Number:</b>	CM14-0121261		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 44-year-old female who was reportedly injured on April 18, 2007. The mechanism of injury is noted as lifting a helium tank out of a trunk. The most recent progress note, dated February 4, 2014, indicates that there were ongoing complaints of lumbar spine pain. There was a previous diagnosis of symptomatic retained hardware. The physical examination demonstrated pain and discomfort over the Palpable hardware of the lumbar spine with transient symptoms and to the lower extremities. Diagnostic imaging studies include a positive discogram at L5 - S1 and a disc herniation at T7 - T8 as well as a disc bulge at L4 - L5 and L5 - S1. Previous treatment includes a lumbar spine fusion at L5 - S1 and a left-sided laminectomy/facetectomy/discectomy at T7 - T8, subsequent hardware removal and a facet block. A request was made for levofloxacin 750mg and was not certified in the pre-authorization process on July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levofloxacin 750 mg # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration website

**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: <http://reference.medscape.com/drug/levaquin-levofloxacin-systemic-levofloxacin-342532>

**Decision rationale:** A review of the medical records indicates that the injured worker has had a prior hardware removal and is now several months in the postoperative period. There is no indication for antibiotic usage as a prophylaxis for surgery at this point. Considering this, the request for levofloxacin 750 mg is not medically necessary.