MAXIMUS Federal Services

Case Number:	CM15-0112704		
Date Assigned:	06/19/2015	Date of Injury:	11/02/1999
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California
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 52-year-old male, with a reported date of injury of 02/27/2013. The diagnoses include right sacroiliitis, low back pain, lumbar sprain/strain, lumbar radiculopathy, status post L5-S1 fusion and left hemilaminectomy, and status post right sacroiliac joint injection. Treatments to date have included right sacroiliac joint injection on 03/17/2015 with 50% relief; acupuncture treatment; a single point cane; discectomy and laminectomy in 2000; lumbar fusion at L5-S1; several epidural injections with significant pain reduction; oral medications; CT (computerized tomography) scan of the lumbar spine on 03/20/2015 which showed minimal degenerative changes of the lumbar spine; an MRI of the lumbar spine on 05/19/2014 which showed mild-to-moderate bilateral foraminal stenosis, L5-S1 postoperative residuals with disc spacer, L3-4 bulging disc/osteophyte, and mild bilateral sacroiliac joint hypertrophy; an MRI of the lumbar spine on 09/29/2011and 01/20/2012; and electrodiagnostic studies of the bilateral lower extremities on 08/13/2014 with normal findings. The progress report dated 05/04/2015 indicates that the injured worker complained of low back pain with radiation down the right lower extremity to the foot. The pain was rated 8 out of 10. The injured worker reported associated numbness down the right lower extremity to the foot. The physical examination showed tenderness to palpation of the right lumbar paraspinal, right sacroiliac joint tenderness to palpation, decreased lumbar flexion and extension, the ability to toe walk and heel walk with increase low back pain, decreased sensation at L5, S1 dermatomal distribution, and positive straight leg raise test on the right. The treating physician requested Keflex 500mg #30. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- infectious chapter and pg 14.

Decision rationale: According to the guidelines, Keflex is intended for skin and soft-tissue infections. In this case, there was no evidence of infection and the prior procedures were remote from the time of Keflex request. The use of Keflex was not justified and not medically necessary.