

Case Number:	CM15-0079572		
Date Assigned:	04/30/2015	Date of Injury:	03/26/1999
Decision Date:	06/05/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/25/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 65 year old male, who sustained an industrial injury on 2/26/99. He reported pain in neck, upper back and lower back. The injured worker was diagnosed as having cervical disc bulges and probable lumbar spine disc rupture. Treatment to date has included cervical spine anterior discectomy, H-wave, weight loss program and activity restrictions. Currently, the injured worker complains of constant neck and lower back pain. The physical exam noted the injured worker is continuing to recover from cervical spine surgery and sensation is noted to be diminished in right lower extremity, mid-anterior thigh, mid-lateral calf and lateral ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rx prior authorization med: Azithromycin 250mg #6 (5 day supply): 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 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 of an infection needing antibiotics. In addition, the specific antibiotic requested is not the preoperatively antibiotic which was already approved. In light of these issues, the currently requested antibiotics peri-operative is not medically necessary.