
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/29/2013
Date of Injury: 6/22/2005
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008385

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (representative)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old male who reported injury on 06/22/2005 with an unknown mechanism of injury. The patient was noted to be 4 and a half months status post anterior/posterior lumbar fusion at L4-5 and L5-S1. The patient was noted to have clear drainage from the posterior lumbar surgical site. It was stated that the amount of drainage was equivalent to dime size on the dressing, covering the posterior lumbar surgical site. The patient's diagnoses were noted to include status post anterior/posterior lumbar fusion at L4-5 and L5-S1 on 01/29/2013 and possible postoperative infection. The plan was noted to include levofloxacin 500 mg #30, infectious disease consultation, and infection panel labs.

IMR DECISION(S) AND RATIONALE(S)

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

1. Levofloxacin 500mg #30 is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Infectious Disease Chapter, Bone & Joint Infections, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM Guidelines do not address the use of levofloxacin. Per Official Disability Guidelines, Levofloxacin is used for methicillin susceptible Staph aureus bone and joint infections. The clinical documentation submitted for review indicated the employee had

Staphylococcus intermedius that was sensitive to levofloxacin. The employee was noted to have some labs on 04/12/2013 which revealed the employee had many Gram-positive cocci in clusters and moderate Gram-positive cocci in clusters. The documentation of 06/10/2013 note revealed there was a heavy growth of Staphylococcus intermedius. It was noted in the office visit of 06/10/2013 that the employee had a report from [REDACTED] dated 05/07/2013 where the employee was authorized Levaquin and a culture of the incisional site. The clinical documentation submitted for review indicated the susceptibility of the organism that was growing in the culture to be susceptible to levofloxacin. **The request for Levofloxacin 500mg #30 is medically necessary and appropriate.**

2. Infectious disease consultation is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cornerstones of Disability Prevention and Management, page 89-92, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines recommend a consultation or a referral if the practitioner is uncomfortable with the line of inquiry or with treating a particular cause of delayed recovery. The clinical documentation submitted for review indicated that the employee was having drainage from the spinal area and the employee was noted to have Staphylococcus intermedius that was sensitive to levofloxacin. **The request for an infectious disease consultation is medically necessary and appropriate.**

3. Infection panel labs is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the <http://labtestsonline.org/understanding/analytes/wound-culture/tab/test>, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Per test online, there is an order for infection panel labs when the doctor suspects that a wound is infected. It may also occasionally be ordered when a person has been treated for a wound infection to evaluate the treatment's effectiveness and may be ordered when indicated to help guide the treatment of a chronic wound infection. Some signs and symptoms of an infected wound may include: A wound that is slow to heal and if there is drainage of fluid or pus. The clinical documentation submitted for review indicated the employee was having continued drainage from the incision site and had been on antibiotics, so a re-examination of the laboratory results would be necessary to ensure that the treatment that was provided was effective. Given the above, the request for infection panel labs is certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



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