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| Case Number: | CM13-0003648 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 09/08/2008 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 07/18/2013 |
| Priority: | Standard | Application Received: | 07/26/2013 |

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 Anesthesia, 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 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:

According to the records made available for review, this is a 34-year-old male with a 9/8/08 date of injury. At the time of request for authorization, there is documentation of subjective (overall no improvement) and objective (no interval change) findings, current diagnoses (lumbar radiculopathy and strain L/S), and treatment to date (medications and HEP). There is no documentation of subjective and objective findings consistent with radiculopathy, an acute phase of an injury, an exacerbation, or evidence of a new injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSEPAK, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Oral steroids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, section on Oral Corticosteroids.

Decision rationale: ACOEM Guidelines indicate there is limited research-based evidence for oral corticosteroids in the management of low back complaints. The ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence

of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, the ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and strain L/S. However, there is no documentation of subjective and objective findings consistent with radiculopathy. In addition, given this injured worker's 9/8/08 date of injury, there is no documentation of an acute phase of an injury, an exacerbation, or evidence of a new injury. Therefore, the request is not medically necessary and appropriate.