

Case Number:	CM13-0026559		
Date Assigned:	11/22/2013	Date of Injury:	12/12/2001
Decision Date:	01/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 Occupational Medicine 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. 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 patient is 65-year-old male with a history of severe lumbar spinal stenosis, right radiculopathy and is status post laminectomy and re-exploration. Date of surgery is June 2010, in December 2011. The patient had a 60 to 70% relief of pain in the previous ESI. He is penning a second epidural injection at the time of request. The patient complained of right sided low back pain with radiating pain extending down the right leg to the foot. The patient was prescribed Celebrex Medrol dose pack and an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Medrol Dosepak: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Corticosteroids.

Decision rationale: There is no documentation that the patient was given the risk of steroids. In addition, the patient has chronic pain with no clear exacerbation following a symptom free

period as stated in criteria 4 in ODG. Therefore as the prescription for Medrol does not meet guideline criteria, the request is not medically necessary.