

<b>Case Number:</b>	CM13-0050543		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 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 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:

This is a 52-year-old male who reported low back pain after an injury on 11/18/03. The diagnoses have included chronic back pain with sciatica. Treatment has included lumbar surgery in 2009 and 2011, physical therapy, acupuncture, and injections. Other treatment has included a variety of medications. Recent records reflect the use hydrochlorothiazide for fluid retention, iron for anemia, and statins in addition to opioids. He does have high blood pressure and a history of ulcer/gastritis. The injured worker was seen periodically in 2013 for stable back and leg pain. Refills were given for Norco. On 10/22/13 the treating physician reported ongoing low back pain, radiating symptoms to the right leg, and some signs of clinical radiculopathy. The radiating pain was much worse than usual. Blood pressure was 121/90. Radicular findings were present. Medrol was prescribed for the radicular pain flare-up. On 10/26/13, Utilization Review non-certified a prescription for a Medrol dosepak, noting the recommendation against oral steroids in the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROL DOSEPAK #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 264,271,308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: ACOEM GUIDELINES, UPDATED LOW BACK CHAPTER, PAGE 120, ORAL STEROIDS FOR BACK PAIN.

**Decision rationale:** The MTUS, ACOEM Guidelines Low Back Chapter, recommends against oral steroids for back pain. The specific indications for radiculopathy are not discussed. The updated ACOEM Guidelines are cited above. The updated guidelines recommend oral steroids for "acute radicular pain syndromes". This injured worker had a significant increase in pain over his baseline, and the treating physician adequately documented this change from baseline and need for steroids to treat the pain flare-up. The treating physician also measured the blood pressure, which is indicated in light of possible steroid side effects. The Utilization Review physician's decision is overturned, as the Utilization Review did not adequately analyze the need for steroids to treat an acute flare of radicular pain, and did not use the more up to date information regarding the indications for steroids.