

<b>Case Number:</b>	CM13-0054081		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Family Practice and is licensed to practice in Texas. 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 a 54 year old male who reported an injury on 01/08/2003 due to a motor vehicle accident which reportedly caused injury to the patient's spine from the T10 to the L2. The patient's most recent treatment history included the use of medications for pain control and participation in yoga therapy. The patient was evaluated on 10/09/2013 it was documented that the patient had increasing low back pain rated at a 7/10 with restricted range of motion of the lumbar spine secondary to pain. The patient was prescribed a Medrol dose pack. The patient was evaluated on 11/08/2013 that documented the patient's low back pain was reduced to a 3/10 with improvements in range of motion. The patient's diagnoses included status post fusion from the T12 to the L2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Dose pack, use as directed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2013, Low Back-Corticosteroids(oral/parenteral/IM) for Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The requested Medrol dose pack use as directed is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not support the use of corticosteroids for pain control of low back injuries. The clinical documentation submitted for review does indicate that the patient had an acute exacerbation of low back pain that did have a positive response to the medication prescription of corticosteroids. However, the American College of Occupational and Environmental Medicine do not support the use of this type of medication for low back injuries. There are no exceptional factors noted within the submitted documentation to support extending treatment beyond guideline recommendations. Therefore, the use of the Medrol dose pack was not medically necessary or appropriate.