

Case Number:	CM13-0060711		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2010
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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:

The patient is a 46 year old male who was injured on 03/15/2010 when he was stuck in the back by a rail that appears to have worsened his low back pain. Prior treatment history has included postoperative physical therapy and 9 epidural steroid injections which he still remains symptomatic. The patient underwent neck surgery in October 2011. He underwent a lumbar laminectomy in August 2012. He underwent a discectomy at C4-5 and C5-6 along with placement of intervertebral prosthetic device at both levels. The patient's medications as of 10/23/2013 include: Norco, OxyContin, and Ambien. He was on Lyrica, but it was discontinued as it caused swelling in his tongue and feet. He was to get medicated patches by [REDACTED], but he has not received them. The patient's medications as of 10/07/2013 include: (VAS pain scale, he rated his pain 10/10 without medications; and with medications a 6/10) Soma, Zolpidem Tartrate, Omeprazole, and Nizatidine. A urine drug testing report dated 10/07/2013 detected Opiate and Oxycodone. Drug screen results dated 09/10/2013 detected Roxycodone and Norco. Diagnostic studies reviewed include x-rays of the cervical spine dated 12/01/2011 interpreted as showing bone grafts and good alignment. Orthopedic Consultation by [REDACTED] dated 10/23/2013 indicated in regards to the findings of right-sided C5 radiculopathy, it was felt that the patient would benefit from 2 or 3 cervical epidural steroid injections and if he had no improvement with the injections, he would not be considered as a candidate for cervical disc surgery. It was also felt that he was not a good candidate for lumbar disc surgery as well. A PR2 dated 10/07/2013 documented the patient to have complaints of chronic, severe low back pain. He is status post op from recent lumbar laminectomy and discectomy. His cervical symptoms continue to return with rare mild headaches, especially on the right side. The patient reported continued neck and low back pain. On average, he rated his pain without medications a 10/10 and with the medications 6/10. The medications prescribed were keeping the patient

functional, allowing for increased mobility, and tolerance of ADL's and home exercises. On examination, his deep tendon reflexes in the upper and lower extremities were decreased but equal. He had diffuse paracervical tenderness along with tenderness to palpation. Range of motion revealed forward flexion 50 degrees, hyperextension 50 degrees; right lateral rotation 50 degrees, and left lateral rotation to 50 degrees. The lumbar sacral spine reveals tenderness to palpation at L5-S1; Forward flexion is to 45 degrees and hyperextension to 15 degrees; squatting was abnormal. There was sciatic notch tenderness present bilaterally. Lying straight leg raise was positive bilaterally, sitting straight leg raise was positive bilaterally. He was unable to heel-toe walk without difficulty. On sensory exam, there was decreased RLE and decreased LLE. The assessment and plan included intervertebral lumbar disc D/O with myelopathy in the lumbar region; cervicgia; postlaminectomy syndrome cervical region; intervertebral cervical disc D/O with myelopathy cervical region; degenerative lumbar/lumbosacral intervertebral disc; brachial neuritis or radiculitis NOS; thoracic/lumbosacral neuritis/radiculitis-unspecified; and degeneration of cervical intervertebral disc. The recommendation for this patient is to decrease his medication to Norco 10-325; renew Roxicodone. The patient gives verbal understanding of benefits, possible side effects and agrees to be compliant in medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSE PACK 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Low Back.

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

Decision rationale: According to the ODG, Oral Corticosteroids are used by some clinicians for the treatment of patients with acute low back pain with radiculopathy. The therapeutic objective is to reduce inflammation in an attempt to promote healing and reduce pain. It is also hypothesized that the effect of corticosteroids on mood can enhance the effect of well-being. Overall it is suggested Final Determination Letter for IMR Case Number CM13-0060711 4 that the main effect of systemic steroids is to provide pain relief. The medical records document the patient had neck pain and low back pain with history of surgical fusion of cervical spine, though there was mentioning to C5 radiculopathy, there were no subjective, objective or diagnostic study to support this diagnosis. Therefore, due to limitation of this kind of treatment according to the guidelines, the request is not medically necessary and appropriate at this time.