MAXIMUS Federal Services

Case Number:	CM13-0068010		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2004
Decision Date:	03/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation, 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:

This male patient sustained an injury 3/31/04 while employed by [redacted]. Request under consideration include Medrol Dosepak, #1. Diagnoses include lumbar discogenic disease, radiculopathy, degenerative disc disease of L4-5 and L5-S1, s/p L4-S1 fusion. Report of 9/3/13 from provider noted the patient with chronic low back pain. Exam showed motor strength preserved; healed scars; sensation was intact; tenderness over the hardware with restricted range of motion. Recent MRI dated 7/31/13 noted fluid collection suggestive of infection. Labs were ordered to evaluate the MRI findings and medications were refilled. Follow-up report of 10/16/13 noted patient with ongoing low back pain; been walking a lot with acute flare-up of pain and numbness and tingling. Exam again showed intact motor and sensory with same tenderness over hardware and restricted range. CT scan noted post-surgical changes with fusion, spacers, and screws intact. Plan included continuing with home exercise program and walking. Medications list Nucynta, Norco, and Neurontin. The patient was instructed to use a lumbar spine corset when needed. Request for the oral steroid was non-certified on 11/22/13 citing guidelines criteria and lack of medical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak # 1: 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), Section on Oral Steroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Oral Corticosteroids, pg 624

Decision rationale: The ODG Guidelines, oral corticosteroids (Dexamethasone) are not recommended for acute, sub-Acute and chronic spine pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence which indicates that oral steroids do not appear to be an effective treatment for patients with spine problems and has serious potential complications associated with long-term use. The patient also had recent diagnostic testing to rule out possible infectious etiology for findings on MRI. Although it appeared to be negative, oral steroid use would be contraindicated for this 2004 injury without demonstrated functional improvement from medications already received. The Medrol Dosepak, #1 is not medically necessary and appropriate.