

Case Number:	CM13-0070210		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2001
Decision Date:	04/14/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 47-year-old female presenting with low back pain following a work related injury on 5/04/2001. The claimant's medications included Norco, Soma, and Percocet. According to the medical records on 11/18/2013, the claimant tried Medrol Dosepak and failed to improve the symptoms and only helped the upper extremity pain. The physical exam was significant for limited range of motion in the lumbar spine in all planes, straight leg raise test, Braggard's and Bowstring's tests were positive on the right and negative on the left. The lower extremity motor examination revealed weakness in the right hip-flexors, quadriceps, tibialis anterior and extensor hallucis longus at 4/5. The sensory exam revealed parathesia in the right lower extremity, slow gait, guarded and favored right lower extremity. The lumbar xrays revealed excellent position of hardware and bone grafts at L3-S1 with solid fusion. The claimant was diagnosed with status post anterior posterior decompression and fusion of the lumbosacral spine, bilateral sacroilitis with residuals probably secondary to the primary diagnosis, status post right hip replacement with infection, renal failure and residuals, patellofemoral syndrome status post knee arthroplasty that is in need of revision, Achilles tendinosis and plantar fasciitis in bilateral feet and ankles, left Achilles musculoligamentous sprain/strain, lumbosacral spine rule out claudication and stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Medrol Dosepak #1 between 11/18/13 and 2/3/14:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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 Complaints, Treatment Consideration.

Decision rationale: Per Official Disability Guidelines (ODG), corticosteroids are recommended in limited circumstances as noted below for acute radicular pain. It is not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. The criteria for use of corticosteroids (oral/parental for low back pain): (1) patients should have clear-cut signs and symptoms of radiculopathy, (2) risk of steroid should be discussed with the patient and documented in the record; (3) the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. (4) current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The claimant previously used Medrol Dosepak which help with radicular pain but failed to help with her axial pain. The second prescription was indicated for non-radicular pain. Per ODG, the request is not medically necessary.