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| Case Number: | CM14-0000292 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 07/08/2010 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 12/22/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53 year-old female with a 7/8/2010 industrial injury claim from heavy lifting. She has been diagnosed with degenerative multi-segmental cervical disc disease that became symptomatic as a result of the injury of 7/8/10; mild C5 radiculopathy, moderate possible C7 radiculopathy. According to the 11/14/13 neurosurgical consultation with [REDACTED], the patient presents with progressively worsening neck pain radiating to the intrascapular fossa and top of the right shoulder, without radiation below the arm. PT, acupuncture, and an ESI were not helpful. She takes 1200mg Neurontin, Soma, Norco, inhaler and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXAMETHASONE 4 MG: 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).

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

Decision rationale: According to the 11/14/13 neurosurgical consultation with [REDACTED], the patient presents with progressively worsening neck pain radiating to the intrascapular fossa and top of the right shoulder, without radiation below the arm. I have been asked to review for dexamethasone 4mg. MTUS/ACOEM did not mention oral corticosteroids, so ODG was consulted. ODG for oral corticosteroids states "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided" The request for dexamethasone 4mg, is not in accordance with ODG guidelines.