

Case Number:	CM14-0003734		
Date Assigned:	01/31/2014	Date of Injury:	03/19/1993
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Sports Medicine 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 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 injured worker is a 59 year old female with a reported date of injury on 03/19/1993. The worker was injured when she was bent over and picked up charts from the floor and felt immediate intense back pain. The progress note dated 02/05/2014 listed the diagnoses including post-laminectomy syndrome, lumbar, lower extremity radiculopathy/neuropathy, arachnoiditis with spinal fibrosis, severe disability, myofasciitis, and spinal stenosis. The physical examination reported a positive straight leg raise and deep tendon reflexes were equal and present bilaterally with no obvious motor or sensory deficits. The range of motion to the lumbar spine was assessed and revealed 30 degrees of flexion, 10 degrees of extension, and "lateral motion of any kind." The request for authorization form was dated 01/08/201 for Prednisone 20mg due to post laminectomy syndrome, lumbar. The request is for Prednisone 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREDNISONE 20MG: 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) Pain, Corticosteroids (Oral/Parenteral/Im For Low Back Pain).

MAXIMUS 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, Corticosteroids.

Decision rationale: The request for Prednisone 20mg is not medically necessary. The injured worker has been on Prednisone for 2 years. Low Back Complaints ACOEM states oral corticosteroids are not recommended in for the treatment of low back disorders. The Official Disability Guidelines further state oral corticosteroids are recommended in limited circumstances for acute radicular pain. Oral steroids 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 a 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 that the main effect of systemic steroids is to provide pain relief (which is reported as minimal in current research) in the early acute period. Prolonged use can produce edema and depression, anxiety, emotion lability and even psychosis have been reported. The guidelines also state current research indicate 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 injured worker has been on Prednisone for at least 2 years and according to the guidelines the main effect is to provide pain relief in the early acute phase. The injured worker continues to complain of pain and has limited range of motion. The efficacy of the medication is unclear. Therefore, the request is not medically necessary.