MAXIMUS Federal Services

Case Number:	CM14-0005175		
Date Assigned:	01/24/2014	Date of Injury:	01/10/1999
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation 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 patient is a 37 year old female who sustained an injury on 01/10/99 as a result of a work related injury. The patient was followed for chronic low back and lower extremity symptoms and utilized multiple medications. The clinical record on 12/27/13 indicated the patient had a substantial flare up of symptoms due to shopping activities. The patient felt that she was experiencing 10/10 pain with inflammation in the low back radiating to the left lower extremity. On physical examination range of motion was limited in the lumbar spine which reproduced lower extremities symptoms more significant to the left side. Tenderness to palpation was ongoing in the lumbar paraspinal musculature. Straight leg raise was positive in the supine position reproducing lower extremities symptoms. The patient received a Toradol injection at this visit at 60mg. The patient was also prescribed a Medrol dosepak for the flare up of symptoms. The patient returned on 01/07/14 reporting continuing pain 8-9/10 on VAS. The patient felt that she received some mild benefit with the Medrol dosepak.

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 National Center For Biotechnology Information (NCBI) http://www.ncbi.nlm.nih.gov/pubmed22495738#.

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: The patient did not present with any clear cut evidence of radiculopathy on the physical examination dated 12/27/13. There was limited evidence within the clinical literature establishing that oral corticosteroids used on a taper schedule provided any susbtantial benefit to chronic low back pain or flare ups of chronic low back pain. The ODG recommendations regarding corticosteroids does not recommend their use in the treatment of non-radicular or axial low back pain. As the clinical documentation submitted for review did not contain indications for the use of Medrol dosepak as outlined by the ODG, the request is not medically necessary and appropriate.