

<b>Case Number:</b>	CM14-0005644		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 40 year-old male was reportedly injured on March 7, 2013. The mechanism of injury is noted as a trauma from a fall. The most recent progress note, dated December 20, 2013, indicates that there were ongoing complaints of shoulder pain and low back pain. The physical examination demonstrated tenderness to palpation of the shoulder, a decreased range of motion, and changes consistent with impingement syndrome. Diagnostic imaging studies objectified no acute osseous abnormalities or specific regions in the lumbar spine. The left shoulder was also noted to be within normal limits. Previous treatment includes physical therapy, multiple medications, chiropractic care, and pain management interventions. A request had been made for oral corticosteroids and was not certified in the pre-authorization process on December 20, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROL DOSE PACK-TEN DAY:** 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, Updated October, 2014.

**Decision rationale:** When noting the date of injury, the lack of any specific pathology being objectified as a function of this injury, the ongoing complaints of pain, and the minimal changes on physical examination tempered by the normal electrodiagnostic and imaging studies; and as outlined in the ODG (ACOEM and MTUS do not address) there is insufficient data as to the efficacy or safety of systemic corticosteroids in a chronic pain situation. Therefore, when noting the lack of any specific acute pathology and the parameters noted in the ODG there is insufficient data to support the medical necessity of this intervention.