

Case Number:	CM14-0102630		
Date Assigned:	07/30/2014	Date of Injury:	11/07/2008
Decision Date:	09/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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 Geriatrics and is licensed to practice in New York. 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 56 year old woman with a date of injury of 11/7/08. She was seen by her primary treating physician on 5/23/14 to follow up her epidural injection. Her pain medications included neurontin, gabapentin, toradol and norco. She stated the injection did not give the same pain relief as prior injections. She complained of back pain extending to her right buttock and posterior thigh and that she had to miss work. Her lumbar spine exam showed tenderness over the right buttock at the sciatic notch. Flexion produced pain to her right thigh and extension aggravated pain in her lumbosacral area. Seated straight leg raise on the right and left were positive and painful. She had pain with rotation of the hip but good strength. Her diagnosis degeneration of lumbar/lumbosacral disc with worsening symptoms of back pain and sciatica (right > left). At issue in this review is the prescription of a medrol dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dosepack 4mg qty1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines- Oral Corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 308.

Decision rationale: This 56 year old injured worker has chronic back pain with an injury sustained in 2008. Her medical course has included numerous treatment modalities including use of several medications including narcotics and epidural injections. She has worsening sciatic pain but the use of oral corticosteroids is not recommended for low back pain per the American College of Occupational and Environmental Medicine guidelines. The doctor's visit of 5/14 fails to justify the medical necessity a generally non-recommended treatment - medrol dose pack in this injured worker. The request is not medically necessary and appropriate.