

<b>Case Number:</b>	CM14-0010231		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 41 year-old male. The patient's date of injury is 06/21/2010. The mechanism of injury is not stated. The patient has been diagnosed with L5-S1 central disc protrusion, L5 verses S1 radiculopathy, lumbar degenerative disc disease, lumbar facet joint arthropathy and lumbar strain. The patient's treatments have included imaging studies and medications. The physical exam findings, dated Jan 23, 2014 show the lumbar ranges of motion restricted in all directions. Tenderness was noted upon palpation of the lumbar paraspinal muscles. Lumbar extension was worse than lumbar flexion. The lumbar discogenic provocative maneuvers were noted as positive, and nerve root tension signs were negative bilaterally. Muscle strength is noted at 5/5 in the bilateral lower extremities, except for 4+/5 strength in the right extensor hallucis longus and 5-/5 in the right tibialis anterior and right gastroc-soleus. The patient's medications have included, but are not limited to, Norco, Robaxin, Prednisone and Ultracet. The request is for a Medrol dose pack on 12/16/2013. This medication was used previously by the patient as of 1/7/2011, but the outcomes and results of that medication used are not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Medrol Dose Pack DOS: 12/16/13: Upheld**

**Claims Administrator 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 (Acute & Chronic), Corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): TABLE 12-8.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Medrol dose pack on 12/16/2013. MTUS guidelines state the following: oral corticosteroids are not recommended for back pain. According to the clinical documentation provided and current MTUS guidelines, a Medrol dose pack on 12/16/2013 is not indicated as a medical necessity to the patient at this time.