

Case Number:	CM14-0015718		
Date Assigned:	03/03/2014	Date of Injury:	07/22/1997
Decision Date:	07/03/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/07/2014

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 Illinois. 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 45-year-old male who reported an injury on 07/22/1997. The mechanism of injury was not provided within the medical records. The clinical note dated 11/01/2013 indicated diagnoses of lumbosacral spondylosis without myelopathy, unspecified thoracic/lumbar radiculitis, lumbalgia, and postlaminectomy. The injured worker reported low back pain characterized as sharp, burning, and aching. The injured worker reports his pain as constant. The injured worker reported his pain is decreased by medication. An official x-ray dated 11/11/2013 revealed status post disc replacement and posterior fusion of L4-5 and status post anterior and interbody fusion of L5-S1, no change from prior exam. The injured worker's prior treatments have included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Lidoderm patch and Zanaflex capsules. The Request for Authorization was not submitted for review to include the date treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Oral corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The request for MEDROL is not medically necessary. The ACOEM guidelines do not recommend oral corticosteroids. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for radiculopathy. There was a lack of documentation of the limited effect with this medication and the risk of steroids. As such, the request for Medrol is not medically necessary.