

Case Number:	CM14-0016353		
Date Assigned:	04/11/2014	Date of Injury:	03/13/2000
Decision Date:	10/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine and is licensed to practice in California. 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 sustained a work injury on August 20, 1984. The patient presented for follow-up on December 18, 2013. Current symptoms at that time were an anxiety attack however, the patient reported generalized aches and pains in the neck, shoulder and lower back. There were objective findings on physical examination. The discussion noted significant lower back pain with associated radicular symptoms. Soma and Medrol dose pack were prescribed. Patient underwent a cervical epidural injection on July 1, 2013. This information was garnered from a neurosurgical consultation on December 18 of 2013. Radiologic studies showed status post lumbar transforaminal interbody fusion with instrumentation at the L5 and S1 with decompressive laminectomy on a report dated July 31, 2012. The treatment plan was for Medrol dose pack

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack (4mg, #21): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Oral Steroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Official Disability Guidelines (ODG); Evidence

Based Decision Support; Corticosteroids (oral,/parenteral/IM for low back pain (www.odg-twc/index.html))

Decision rationale: The Medrol Dose pack was not medically necessary. This patient complained of subjective findings of radiculopathy. There were no clear cut objective findings of radiculopathy noted on physical examination or documented in the medical record. The medical record under review not show any discussion as to the risk of steroids and whether they were explained to the patient. Additionally, there was no evidence in the medical record as to the evidence of research and that these medicines have a limited effect. Current research indicates early treatment with corticosteroids is most successful. The date of injury was 1984. The symptoms were in the chronic phase. There was no subsequent exacerbation or a symptom-free period to support the use of corticosteroids. Based on the clinical information in the medical record and the ODG criteria the Medrol Dose pack was not medically necessary.