

<b>Case Number:</b>	CM14-0132996		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 New Jersey. 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 worker is a 61 year old female who was injured cumulatively leading up to 1/7/2011. She was diagnosed with wrist sprain/strain, bilateral wrist tendinitis, multilevel lumbar spondylosis, cervical spondylosis with radiculopathy, bilateral elbow tendinitis, and brachial neuritis/radiculitis. She was treated with physical therapy, surgery (left shoulder, left knee), epidural injections, and medications. On 7/30/14, the worker was seen by her treating physician complaining of increased neck pain and numbness of her left arm. She also reported headaches. Cervical MRI results were reviewed from 2012 showing severe foraminal stenosis at C5-6. She was then recommended a Medrol dose pack and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med x1 Medrol Dose Pk:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Oral corticosteroid, AND Low Back section, Corticosteroids

**Decision rationale:** The ODG states that oral corticosteroids are not generally recommended for chronic pain as there is no data on the efficacy and safety and should be avoided. Methylprednisolone is not approved for pain at all. The only circumstance that other corticosteroid might be considered for short-term use is in the setting of acute (not chronic) lumbar radicular pain, which requires very clear signs and symptoms of radiculopathy. In this setting, the risks of steroid use as well as the fact that evidence for benefit is limited needs to be discussed with the patient and documented in the record. In the case of this worker, the oral steroids were recommended following a complaint of increased neck pain. Although treating an acute worsening of neck pain with a short course of NSAIDs might have been appropriate, the use of steroids is not medically appropriate or medically necessary in this setting.

**Physical Therapy 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for cervical radiculopathy, up to 10 sessions of physical therapy may be prescribed over 4 weeks and up to 10 sessions over 8 weeks if for myositis/myalgia. In the case of this worker, the request made for physical therapy was not specific to suggest for which body part the physical therapy would be used, although based on the complaints from the worker on 7/30/14, it was presumed to be for her neck. The worker had already completed some physical therapy, although there was no documentation that showed how many sessions she completed or whether or not she was able to gain any benefit from physical therapy in the past. Without clear documentation and a clear request, the physical therapy is not medically necessary at this time.