MAXIMUS Federal Services

Case Number:	CM14-0140468		
Date Assigned:	09/10/2014	Date of Injury:	08/11/2003
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 56 year old man who sustained a work related injury on August 11 2003. Subsequently, he developed a chronic neck and back pain. According to a progress note dated on July 23 2014, the patient was complaining of back pain. Her physical examination demonstrated cervical and lumbar tenderness without limitation of range of motion. The patient was diagnosed with cervical and lumbar sprain as well as insomnia and depression. The patient was treated with Motrin, Zanaflex and Norco; however, there is no documentation of full pain control. The provider requested authorization 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 #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids,
.http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Oralcorticosteroids

Decision rationale: MTUS guidelines are silent regarding the use of corticosteroids for the treatment of chronic pain. The ODG guidelines do not recommend the use of steroids in chronic pain. Therefore, the prescription of Medrol pack is not medically necessary.