MAXIMUS Federal Services

Case Number:	CM14-0141902		
Date Assigned:	09/10/2014	Date of Injury:	02/25/2005
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Nephrology 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:

This is a 50-year-old female with a 2/25/05 date of injury. According to a progress report dated 8/14/14, the patient complained of lower back pain that radiated to the right buttock and lower extremity. She stated that she now had lower extremity numbness (bilateral feet) that caused tingling, weakness, and severe spasm. She rated her pain as an 8-9/10. Objective findings: paralumbar spasm is 2+ to palpation, atrophy present in quadriceps, positive straight leg raise, limited range of motion of the spine secondary to pain. Diagnostic impression: lumbar radiculopathy, lumbar disc displacement, low back pain. Treatment to date: medication management, activity modification, ice/heat therapy, physical therapy, lumbar ESI.A UR decision dated 8/22/14 denied the request for Medrol Dosepak. There is no documentation of new injury or of a symptom-free period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak 4mg #21, prescribed 8/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14); Low Back : Criteria for the Use of Corticosteroids (oral/parental/IM for low back pain)

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for oral/parenteral steroids for low back pain include clinical radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. However, in the present case, there is no documentation that the patient has had an acute exacerbation to her pain or evidence of a new injury. In addition, there is no documentation that the provider has discussed the risks of steroid use. Therefore, the request for Medrol Dosepak 4mg #21, prescribed 8/14/14 was not medically necessary.