

Case Number:	CM14-0156645		
Date Assigned:	09/26/2014	Date of Injury:	11/17/2009
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/24/2014

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 Emergency Medicine and is licensed to practice in New York. 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 58-year-old male who was injured on November 17, 2009. The patient continued to experience neck pain and low back pain. Physical examination was notable for decreased range of motion of the lumbar spine and normal strength testing of the bilateral lower extremities. Diagnoses included cervical facet syndrome, multilevel cervical degenerative disc disease, and lumbar disc disease. Treatment included medications, trigger point injections, epidural injections, surgery, TENS unit, and home exercise program. Request for authorization for prednisone dose pack was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone dosepak x 1: 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, 11th edition (web 2014) Low Back Chapter

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-Lumbar & Thoracic, Corticosteroids

Decision rationale: Prednisone is a corticosteroid. Criteria for the use of corticosteroids are: Patients should have clear-cut signs and symptoms of radiculopathy; Risks of steroids should be discussed with the patient and documented in the record; The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; Current research indicates early treatment is most successful; 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. In this case there are no clear-cut signs or symptoms of radiculopathy. Discussion with the patient regarding the risk of steroid use is not documented in the record. Criteria for steroid use have not been met. The request should not be authorized.