

Case Number:	CM14-0157905		
Date Assigned:	10/01/2014	Date of Injury:	03/05/2003
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

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 Practice 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:

43 yr. old female claimant sustained a work injury on 3/5/03 involving the low back. She was diagnosed with lumbosacral neuritis and degenerative disc disease. A progress note on 8/6/14 indicated the claimant had reduced sensation in the L4-L5 region. Motor strength was reduced in the left foot dorsiflexion and quadriceps. Straight leg raise testing was positive on the right side. She had been on oral analgesics for pain control. A subsequent request was made for Prednisone 10 mg # 28 without further clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories Page(s): 22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Prednisone is an anti-inflammatory but in this case, the indication for use was not specified. Therefore the prednisone is not medically necessary.

