

Case Number:	CM14-0158689		
Date Assigned:	10/02/2014	Date of Injury:	11/01/2012
Decision Date:	11/06/2014	UR Denial Date:	08/21/2014
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 Internal Medicine 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:

The patient is an injured worker with a lumbosacral back condition. Date of injury was 11/01/12. Lumbar MRI study on 03/16/13 demonstrated multilevel disc protrusions disc desiccation, and facet hypertrophic changes. The progress report dated 08/01/14 documented subjective complaints of bilateral low back pain radiating to left buttock. The patient reports aggravated right low back pain that radiates to her right anterolateral thigh and right medial calf with numbness and paresthesias to her right foot. The patient rates pain at 10/10 on visual analog scale. The progress report dated 08/01/14 documented physical examination. There was tenderness upon palpation of the lumbar paraspinal muscles and left shoulder. Lumbar flexion was more painful than extension. There was tenderness upon palpation of the left sacral sulcus. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Left sacroiliac joint provocative maneuvers including Patrick's and Gaenslen's were positive. Right straight leg raise was positive. There was mention heel-and-toe walking was abnormal with reduced balance. Gait was antalgic. Diagnoses were left sacroiliac joint pain, left paracentral disc protrusion at L5-S1 measuring 2-3 mm that touches left S1 nerve root, central disc protrusion at L3-L4 measuring 2 mm, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar sprain strain, left shoulder tendinitis, and left shoulder sprain strain. Treatment plan included Medrol dose pack to treat the patient's aggravated right low back pain with right lower extremity radicular symptoms. The progress report dated 08/01/14 recommended Medrol dose pack for the patient's acute inflammatory and acute flare-up. Utilization review determination date was 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Medrol Dosepak, use as directed with zero refills: Overturned

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

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 (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Medrol Dosepak. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) state that corticosteroids are recommended for acute radicular pain. The use of corticosteroids (oral/parenteral) is recommended for the treatment of the acute exacerbation low back pain with radiculopathy in the chronic phase of injury. Medrol Dosepak (Methylprednisolone) is a corticosteroid. The progress report dated 08/01/14 documented acute flare-up and aggravation of the patient's low back pain with lower extremity radicular symptoms. ODG guidelines support the use of Methylprednisolone (Medrol Dosepak) for the exacerbation low back pain with radiculopathy. Therefore, the request for Prescription of Medrol Dosepak, use as directed with zero refills is medically necessary.