

Case Number:	CM14-0020924		
Date Assigned:	04/30/2014	Date of Injury:	05/22/2012
Decision Date:	10/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 a 32-year-old female with date of injury of 05/22/2012. The listed diagnoses per [REDACTED] from 01/09/2014 are: Cervical radiculopathy and sprain/strain of the cervical spine. According to this report, the patient complains of neck pain. She rates for pain 10/10 with tingling, numbness in the posterior neck, posterior scalp, upper traps, and right arm into the fingers. The patient describes the symptoms as dull, tingling and numb. The symptoms are exacerbated by palpation and motion. It is lessened by rest and medication. The patient reports weakness in the upper extremities including restrictions in the range of motion of the neck. Examination of the neck reveals no evidence of ecchymosis, hematoma, deformities, open wound and swelling. The patient ambulates with a normal gait with full weight bearing on both lower extremities. There is neck stiffness or splinting - stiffness. Neck muscles are tender, paracervical and trapezius muscles are diffused. Spasms of the neck were noted. Deep tendon reflexes are 2/4 in the bilateral upper extremities. Sensation is intact to light touch and pinprick in the bilateral upper extremities. The utilization review denied the request on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL 4MG IN A DOSE PACK X1 PACK DOS 1/9/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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 Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more l

Decision rationale: This patient presents with neck pain. The provider is requesting Medrol 4 mg. The MTUS and ACOEM guidelines do not address this request. However, the ODG guidelines on oral corticosteroid states, "not recommended for chronic pain. There is no data on the efficacy and safety of systematic corticosteroid in chronic pain, so given their serious adverse effects, they should be avoided." The records show that the patient was prescribed Medrol on 01/09/2014. In this case, ODG guidelines do not recommend the use of oral corticosteroids for chronic pain. Such as, Medrol 4mg in a Dose Pack X1 Pack DOS 1/9/14 is not medically necessary.