

Case Number:	CM14-0033127		
Date Assigned:	06/30/2014	Date of Injury:	03/31/2004
Decision Date:	08/05/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 3/31/04 date of injury and status post lumbar fusion L4-S1 in 2012. At the time (2/17/14) of the Decision for Retrospective request for Medrol dose pack 1/14/14, there is documentation of subjective (ongoing low back pain radiating to the legs) and objective (decreased lumbar range of motion, tenderness to palpation over the lumbar hardware and paraspinal muscles with trigger points, numbness in the bilateral lower extremities, and positive straight leg raise bilaterally) findings, current diagnoses (status post lumbar fusion L4-S1, lumbar discogenic disease, lumbar radiculopathy, lumbar degenerative disc disease, and symptomatic hardware), and treatment to date (lumbar surgery, opioids, Medrol Dosepak since at least 10/16/13, and home exercise program). There is no documentation of evidence of a discussion with the patient regarding the risk of systemic steroids; a symptom free period with subsequent exacerbation or evidence of a new injury; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Medrol dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrol dose pack 1/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for oral corticosteroids in the management of low back complaints. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion L4-S1, lumbar discogenic disease, lumbar radiculopathy, lumbar degenerative disc disease, and symptomatic hardware. In addition, there is documentation of radiculopathy (with supportive subjective and objective findings). However, there is no documentation of evidence of a discussion with the patient regarding the risk of systemic steroids. In addition, given documentation of chronic low back pain, there is no documentation of a symptom free period with subsequent exacerbation or evidence of a new injury. Furthermore, given documentation of ongoing treatment with Medrol dose pack since at least 10/16/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Medrol dose pack. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Medrol dose pack 1/14/14 is not medically necessary.