

Case Number:	CM14-0039247		
Date Assigned:	06/27/2014	Date of Injury:	12/15/1999
Decision Date:	07/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 54-year-old female with a 12/15/99 date of injury. At the time (2/10/14) of the request for authorization for retrospective on: 2/10/14 Prednisone 20mg and retrospective on: 2/10/14 Theramine, there is documentation of subjective (radiation of pain to left shoulder into the scapular region and worsening neuropathic radicular pain down her left arm) and objective (cervical rigidity/spasm, markedly positive Spurling's maneuver with pain down patient's left arm to the hand in a C5/C6 distribution, range of motion is limited due to stiffness and muscle spasm in particular, mild weakness with left wrist extension, elbow flexion, and forearm pronation, reflexes decreased left C6, sensation is decreased left C6 distribution to the thumb) findings, current diagnoses (cervical radiculopathy and cervical pain), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective On: 2/10/2014 Prednisone 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Oral corticosteroids.

Decision rationale: MTUS does not address the issue. ODG identifies oral corticosteroids are not recommended. The limited available research evidence indicates that oral steroids do not appear to be an effective treatment for patients with back problems. Therefore, based on guidelines and a review of the evidence, the request for retrospective on: 2/10/14 Prednisone 20mg is not medically necessary.

Retrospective: On 2/10/2014 Theramine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine.

Decision rationale: MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective on: 2/10/14 Theramine is not medically necessary.