MAXIMUS Federal Services

Case Number:	CM14-0044658		
Date Assigned:	07/02/2014	Date of Injury:	02/19/1998
Decision Date:	08/20/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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, 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 injured worker is a 66-year-old female who reported an injury on 02/19/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 05/16/2014 indicated diagnoses of chronic pain syndrome, pain at the lumbar spine, radiculitis lumbar, pain cervical spine, lumbar spondylosis, degenerative disc disease of the lumbar, cervical spondylosis, post laminectomy syndrome of the lumbar, post laminectomy syndrome of the cervical, spinal stenosis of the lumbar without claudication. The injured worker reported pain to her lower leg, cervical pain, arthralgia, lumbar pain, foot pain, hand pain, shoulder pain, upper arm pain, and lower back pain. The injured worker reported her pain was constant, mild to moderate to severe, aching, throbbing, burning, and sharp that was aggravated by prolonged sitting, standing, and activity, and reduced by rest and medications and she reported she was in physical therapy. The injured worker reported an exacerbation of her lower back pain that had increased pain in her lower back that had radiated into the right buttock and thighs that had stopped at the knees. On physical examination, there was muscle stiffness, back pain, arthralgia's, muscle cramps, neck pain, shoulder pain, numbness, radicular pain, and paresthesias. Physical examination of the cervical spine revealed limited range of motion and lumbar spine examination revealed limited range of motion secondary to pain with diffuse paraspinous tenderness. The injured worker's prior treatments included diagnostic imaging, surgery, and 4 sessions of physical therapy. The injured worker's medication regimen included Flexeril, tramadol, Lexapro, Xanax, and Imitrex. The injured worker reported no side effects from her current medications. The provider submitted request for a Medrol Dosepak and physical therapy for 10 sessions. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ACOEM Guidelines, Updated Low Back Chapter.

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

Decision rationale: The request for Medrol Dosepak #1 is not medically necessary. The Official Disability Guidelines (ODG) state oral corticosteroids are not recommended for chronic pain. The guidelines state 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. The guidelines also state multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. The Official Disability Guidelines do not recommend the Medrol Dosepak unless it is limited to circumstances for acute radicular pain. The provider did not indicate a rationale for the request. In addition, Medrol tablets are not approved for pain. Furthermore, the Medrol Dosepak request did not indicate a frequency or dosage. Therefore, the request is not medically necessary.

Physical Therapy for 10 sessions (2x5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for Physical Therapy for 10 sessions (2x5) is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker is currently in physical therapy. However, there is a lack of documentation indicating the injured worker's efficacy of therapy. In addition, the request did not indicate a body part for the physical therapy. Moreover, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion,

and decreased strength or flexibility to warrant additional physical therapy. Therefore, the request for physical therapy is not medically necessary.