

Case Number:	CM14-0053399		
Date Assigned:	07/07/2014	Date of Injury:	06/23/1998
Decision Date:	08/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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 Nevada. 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 records presented for review indicate that this 65 year old individual was reportedly injured on 6/23/1998. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 3/11/2014, indicates that there are ongoing complaints of bilateral neck and low back pain. The physical examination demonstrated tenderness to palpation of the cervical and lumbar paraspinal muscles, ranges of motion are restricted by pain in all directions, lumbar and cervical discogenic provocative maneuvers were positive, muscle stretch reflexes are one and symmetric bilaterally in all extremities. No recent diagnostic studies are available for review. Previous treatment includes cervical fusion, medications, and physical therapy. A request was made for a Medrol dose pack and was not certified in the preauthorization process on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (acute and chronic), Oral Corticosteroids. Updated 7/10/2014.

Decision rationale: According to Official Disability Guidelines (ODG) guidelines corticosteroids are 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. 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 likely to occur after long term use. After review of the medical documentation provided, it is noted in the subjective portion of this note that the patient reports aggravated low back pain. After review of the most recent physical exam there is no documentation of acute radicular pain. Therefore, this request is deemed not medically necessary.