

<b>Case Number:</b>	CM14-0063529		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Illinois. 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 was reportedly a 51-year-old female who reported an injury on 06/12/2013. The date of birth was not disclosed. She reportedly slipped and fell on a wet floor. On 03/27/2014, the injured worker presented with complaints of pain in the low back and left hip, and down the left leg. Upon examination, there was normal thoracic kyphosis and lumbar lordosis. There was diffuse tenderness about the posterior hip, sciatic notch region, and intact sensation and motor strength. There was some discomfort with internal and external rotation of the hip. The diagnosis was lumbar spine strain with subjective radiculopathy. Prior diagnostic studies included a magnetic resonance imaging (MRI) and x-rays. The current medication list was not provided. The provider recommended methyl prednisolone 4 mg with a quantity of 21. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methylprednisolone 4mg #21:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter, Oral Corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines CRPS Medications Page(s): 37.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states that corticosteroids are most effective when a positive response is obtained with sympathetic blocks. California American College of Occupational and Environmental Medicine (ACOEM) further states that corticosteroids are not recommended. There is no clear rationale provided for the use of methyl prednisolone. There were no exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.