

<b>Case Number:</b>	CM14-0066784		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 injured worker is a 47-year-old female who was reportedly injured on March 29, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 16, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles. There was decreased cervical spine range of motion due to pain. The examination of the right shoulder noted impingement signs including a positive Neer's test and a Hawkins test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an ergonomic evaluation, physical therapy and home exercise. A request had been made for a medal dose pack and was not certified in the pre-authorization process on May 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Dose Pack #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Procedure Summary last updated 04/10/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Corticosteroids, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for use of oral corticosteroids indicates that the injured employee should have clear-cut signs and symptoms of a radiculopathy. According to the progress note dated April 16, 2014, there are no complaints of a radiculopathy nor is there evidence of one on physical examination. Considering this, the request for Medrol dose pack is not medically necessary.