MAXIMUS Federal Services

Case Number:	CM14-0072186		
Date Assigned:	07/16/2014	Date of Injury:	09/16/2004
Decision Date:	08/18/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 09/16/2004 while descending the stairs for a fire drill. The injured worker complained of left hip pain with a diagnosis of left hip trochanteric bursitis. The objective findings revealed tenderness to palpation of the left hip bursa. Prior MRI revealed bursitis with noted partial tearing of the gluteus minimus as well as the gluteus minimus myositis. Per the objective findings dated 10/02/2013 the injured worker had difficulty with toe to heel walking, unable to fully squat, was unable to perform range of motion or apply any pressure due to chronic pain. The medication included Tylenol #3, Medrol Dosepak, naproxen 500 mg, with a rate of pain of 4/5 on the VAS. The injured worker had status post surgery to the left knee with residual weakness. The injured worker had an MRI of unknown date. No past treatments provided. The treatment plan included medication, consultation referral, possible surgery, and physical medication. The request for authorization dated 07/16/2014 was submitted within the documentation. The injured worker claimed the methylprednisolone would help her.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 dose pack of Methylprednisolone 4mg: 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).

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

Decision rationale: The request for 1 dose pack of methylprednisone 4 mg is not medically necessary. The ODG indicate that oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy or safety of symptomatic corticosteroids in chronic pain, so given the serious adverse effects they should be avoided. Corticosteroids are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systematic steroid use and this is no more likely to occur after long-term use. As such, the request is not medically necessary.