

Case Number:	CM14-0078145		
Date Assigned:	07/18/2014	Date of Injury:	02/11/2012
Decision Date:	09/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 36 year old female with date of injury 2/11/2012. The mechanism of injury is stated as slipping. The patient has complained of neck, right shoulder, lower back, right hip and groin pain since the date of injury. She has been treated with physical therapy and medications. MRI of the lumbar spine performed in 01/2013 revealed a grade 1 retrolisthesis of L5 on S1 and disc bulging with an annular tear at L5-S1. MRI of the right hip performed in 01/2013 was normal. Objective: decreased and painful range of motion of the cervical spine, positive Phalen's and Tinel's sign of the right wrist, decreased and painful range of motion of the lumbar spine, decreased range of motion of the right shoulder, positive Fabere's sign on the left, positive right and left straight leg raise. Diagnoses: lumbar disc syndrome, cervical strain with right upper extremity radiculopathy, right shoulder impingement.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and upper back complaints, Shoulder complaints, Lower back complaints Page(s): 175, 181, 212, 309.

Decision rationale: This 36 year old female has complained of neck, right shoulder, lower back, right hip and groin pain since the date of injury. She has been treated with physical therapy and medications. The current request is for Methylprednisolone 4 mg. Per the MTUS guidelines cited above, Methylprednisolone is not recommended for the treatment of neck and upper back pain, shoulder and lower back pain. Furthermore, there is no medical rationale in the available provider notes discussing the current request. On the basis of the MTUS guidelines cited above, Methylprednisolone is not indicated as medically necessary in this patient.