

<b>Case Number:</b>	CM14-0095245		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/22/12 when, while working as a machine operator, he had right low back pain after lifting a calibrator weighing 60 pounds. He was seen by the requesting provider on 03/19/14. His symptoms had not improved and he had not returned to work. Prior treatments had included physical therapy, chiropractic care, a facet injection, Tramadol, and Ibuprofen. He was having constant pain rated at 5/10 with symptoms radiating into the posterior thigh. On 05/13/14 he was having ongoing symptoms with right low back and right sacroiliac joint pain at 5/10. Medications were not providing any improvement. The medications were Celebrex 200mg #30 and Tizanidine 4mg #30. The physical examination findings included an antalgic gait without use of assistive device. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and right paraspinal tightness. He had right sacroiliac joint and gluteal tenderness. There was normal strength. Patrick, Fabere, and Gaenslen's testing was positive on the right. Authorization for a sacroiliac joint injection was requested. Prednisone 10 mg #37 with a decreasing taper was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone 10mg #37: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Medications Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Low Back

**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 & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain)

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for right low back pain. When seen by the requesting provider, he had findings consistent with right sacroiliac joint pain. Oral corticosteroids are not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. In this case, there is no identified acute injury and the claimant is not having radicular pain. Therefore prednisone was not medically necessary.