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| <b>Case Number:</b>   | CM14-0189699 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 03/29/1999 |
| <b>Decision Date:</b> | 01/08/2015   | <b>UR Denial Date:</b>       | 10/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2014 |

### 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 03/29/99 when, while working as a janitor, she fell backwards. Treatments included a lumbar fusion in July 2000 with hardware removal in July 2004. She underwent spinal cord stimulator implantation in 2008. In July 2013 a left sacroiliac joint fusion was performed. Treatments have also included injections and physical therapy. She was seen by the requesting provider on 05/14/14. She was using the spinal cord stimulator. She was taking Norco four times per day. Medications also included Butrans. She had finished physical therapy and was performing a home exercise program. Physical examination findings included an antalgic gait with use of a cane. She had painful lumbar spine range of motion. There was lumbar paraspinal muscle tenderness. She had decreased left lower extremity sensation. There was a positive left straight leg raise. Medications were refilled. On 07/23/14 she was having pain over her sacroiliac joint. A CT scan had showed a delayed union of the fusion. A sacroiliac joint injection was performed. On 09/17/14 there had been improvement after the injection. She was continuing to use the stimulator. On 09/24/14 she had a worsening of symptoms. She was now taking Norco 4-6 times per day. She was less active. She was having increasing spasms. Physical examination findings appear unchanged. On 10/15/14 she was having increasing pain. She was continuing to take Norco. Pain was rated at 7/10. Physical examination findings included sacral and coccyx tenderness. She was continuing to ambulate with a cane. She had pain with lumbar spine range of motion and there was paraspinal, gluteal, and piriformis muscle tenderness. She had decreased lower extremity sensation and a positive straight leg raise. A Medrol Dosepak was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Dose Pack of Medrol 4mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back-Lumbar & Thoracic, Corticosteroids.

**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), Anti-inflammatory medications

**Decision rationale:** The claimant is more than 15 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included a left sacroiliac joint fusion with possible nonunion. There had been benefit from a sacroiliac joint injection. Anti-inflammatory medication is recommended for acute low back pain. In this case the claimant has findings consistent with symptomatic sacroiliitis with an exacerbation after significant initial improvement following an intra-articular corticosteroid injection. Therefore, the Medrol dose pack was medically necessary.