

Case Number:	CM14-0198667		
Date Assigned:	12/09/2014	Date of Injury:	08/22/2011
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 and is licensed to practice in California. 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 patient is an injured worker with lumbosacral spine conditions. Date of injury was 8/22/11. Lumbar MRI magnetic resonance imaging on 2/15/12 demonstrated L5 spondylolysis with associated grade 1 spondylolisthesis of L5 on S1 with diffuse disc bulge with moderately severe bilateral neural foraminal encroachment with facet hypertrophy, more severe on the right than left, small central and left foraminal disc protrusion at L4-5 with left sided neural foraminal encroachment, and moderate diffuse bulge at T12-L1. Electrodiagnostic studies of the lower extremities on 2/21/13 showed evidence of left S1 radiculopathy. The primary treating physician's progress report dated 11/5/14 documented subjective complaints. The patient continues to have increasing radicular pain to the left leg. Pain is rated at pain score of 6-7 out of 10. The epidural steroid injection of the left L5-S1 performed on 5/8/14 afforded 60% decrease in pain. The patient denies actively worsening thyroid issues, diabetes or low blood sugar, hair loss, tremors, or hyperpigmentation. Physical examination was documented. The patient was awake, alert, and in no acute distress. Mild antalgic gait was noted. Lumbosacral spine range of motion demonstrated mild decreased. Moderate tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness on the left were noted. Mild to moderate point tenderness of the sacroiliac joint and gluteal area on the left were noted. Motor strength testing demonstrated weakness of the lower extremities. Decreased light touch and pin prick in the posterior left leg were noted. Positive straight leg raising on the left was noted. Diagnoses were chronic pain syndrome, spinal stenosis lumbar at L4-5 and L5-S1, sprain sacroiliac left, and lumbosacral neuritis. The treatment plan included a course of Prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10 mg #37: Overturned

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), Low Back - Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Prednisone. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) state that corticosteroids are recommended for acute radicular pain. The use of corticosteroids (oral/parenteral) is recommended for the treatment of the acute exacerbation low back pain with radiculopathy in the chronic phase of injury. The primary treating physician's progress report dated 11/5/14 documented low back pain with radiculopathy and radicular pain. Lumbar MRI magnetic resonance imaging on 2/15/12 demonstrated spinal abnormalities. ODG guidelines support the use of Prednisone, which is a corticosteroid, for low back pain with radiculopathy and radicular pain. Therefore, the request for Prednisone 10 mg #37 is medically necessary.