MAXIMUS Federal Services

Case Number:	CM14-0198953		
Date Assigned:	12/09/2014	Date of Injury:	09/20/2010
Decision Date:	01/30/2015	UR Denial Date:	10/31/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 a 58-year-old male with a date of injury of 09/20/2010. The listed diagnoses are:1. Multilevel lumbar disk protrusion.2. Lumbar radiculopathy.3. Lumbar central canal stenosis.4. Lumbar facet arthritis. According to the progress report dated 10/10/2014, the patient presents with persistent stiff and achy low back pain that radiates into the bilateral hips. Pain worsens with prolonged standing and ambulation, and is mildly improved with lying down and the use of Lyrica. He continues to participate in a home exercise program. Examination revealed tenderness at L5 with palpation. There is positive facet loading. Neurologically, he has decreased Achilles, deep tendon reflexes at 2/4. Straight leg raise test is negative and sensation is 2/2 throughout. The treating physician states that he would like to provide a Medrol Dosepak "to see if this can help with the symptoms." If the patient does have relief with the Medrol Dosepak, the scheduled epidural injection will be cancelled. This is a request for Medrol Dosepak #1. The utilization review denied the request on 10/31/2014. Treatment reports from 05/05/2014 through 10/10/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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 Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: This patient presents with persistent low back pain that radiates into the bilateral hips. The current request is for Medrol Dosepak #1. The MTUS Guidelines do not discuss the use of Medrol Dosepak. The ODG Guidelines under the Low Back Chapter has the following regarding oral steroids for the lumbar spine, "recommended in limited circumstances as noted below for acute radicular pain. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain." In this case, the patient has persistent low back pain that is well into the chronic stage. The ODG guideline states that oral steroids are not recommended for chronic pain. The requested Medrol Dosepak is not medical necessary.