

Case Number:	CM14-0209911		
Date Assigned:	12/22/2014	Date of Injury:	09/12/2012
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 39 year old female with an injury date on 9/12/12. The patient complains of severe lower back pain radiating down right side with numbness/tingling in her right foot, with pain rated 8/10 with medications per 8/28/14 report. The patient had increased pain on 5/5/14 when she got off balance and fell to the ground, and since then her pain has worsened with numbness/tingling in her right foot per 7/31/14 report. The patient controls her pain with MS contin and Percocet, and is able to walk around and do chores around the house per 8/28/14 report. Based on the 8/28/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar pain 2. facet arthropathy lumbar A physical exam on 8/28/14 showed "tenderness to palpation of the SI joint, tenderness to palpation of lumbar paraspinal muscles, worse on the right side. Decreased sensation in the right L5 dermatome." No range of motion teting of the L-spine was provided in the documentation. The patient's treatment history includes medications, L-spine MRI, SI joint injection (not helpful), multiple epidural steroid injections to lumbar. The treating physician is requesting medrol dose pack #21. The utilization review determination being challenged is dated 12/4/14. The requesting physician provided treatment reports from 6/17/14 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack #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 Pain Chapter

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

Decision rationale: This patient presents with lower back pain, right foot pain. The treater has asked for Medrol dose pack #21 on 11/11/14. Review of the reports show that medrol dosepak was not administered to this patient. Regarding oral corticosteroids, ODG states not recommended for chronic pain. ODG also states: "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." In this case, the patient has chronic radicular back pain. The requested medrol dosepak is not indicated for this type of condition, as ODG recommends its use in some cases of acute radicular pain, but not for chronic pain. The request is not medically necessary.