

Case Number:	CM14-0211005		
Date Assigned:	12/23/2014	Date of Injury:	03/15/2009
Decision Date:	02/17/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old female with a 3/15/09 date of injury. At the time (11/7/14) of request for authorization for Medrol Dose Pack, there is documentation of subjective (neck and shoulder pain) and objective (decreased range of motion, 5/5 muscle testing, and negative Spurling's sign) findings, current diagnoses (cervical degenerative disc disease and unspecified myalgia and myositis), and treatment to date (medications (including treatment with Norco and Tramadol)). There is no documentation of radiculopathy (with supportive subjective and objective findings); evidence of a discussion with the patient regarding the risk of systemic steroids; and a symptom free period with subsequent exacerbation or evidence of a new injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for oral corticosteroids. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease and unspecified myalgia and myositis. However, despite documentation of subjective (neck and shoulder pain) and objective (decreased range of motion) findings, there is no documentation of radiculopathy (with supportive subjective and objective findings). In addition, there is no documentation of evidence of a discussion with the patient regarding the risk of systemic steroids. Furthermore, there is no documentation of a symptom free period with subsequent exacerbation or evidence of a new injury. Therefore, based on guidelines and a review of the evidence, the request for Medrol Dose Pack is not medically necessary.