

Case Number:	CM14-0218294		
Date Assigned:	01/08/2015	Date of Injury:	08/11/2003
Decision Date:	04/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 injured worker is a 59 year old male, who sustained an industrial injury on August 11, 2003. The diagnoses have included lumbar post-laminectomy syndrome, sacroiliac joint dysfunction, pruritus, disorders of the sacrum, and lumbosacral spondylosis without myelopathy. Treatment to date has included 2 lumbar surgeries, facet blocks, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of low back pain. The Secondary Treating Physician's report dated December 9, 2014, noted no change in his low back and right hip pain, however does report new pain in his left hip, which began the previous night when going from a sitting to a standing position. Physical examination was noted to show tenderness to palpation of the cervical and lumbar paraspinals, with clear SI tenderness with direct palpation on the right. On December 19, 2014, Utilization Review non-certified a Medrol dose pack 4mg #1, noting that it was not delineated as to why the injured worker required steroids to address his current complaints. The Official Disability Guidelines (ODG) Low back Procedure Summary, last updated November 21, 2014, was cited. On December 30, 2014, the injured worker submitted an application for IMR for review of a Medrol dose pack 4mg #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack 4mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Per the 12/09/14 report the patient presents with no change in lower back and right hip pain s/p laminectomy x 2 and fusion x 1. The 09/16/14 report states the patient presents with a slight increase in lower back and right hip pain. The current request is for MEDROL DOSE PAK 4 mg #1 per the 12/09/14 report. The RFA is not included. The patient is not working. The MTUS guidelines do not discuss oral corticosteroids for acute flare-ups of radicular pain. ODG guidelines were consulted. ODG Neck chapter for Methylprednisolone, refers readers to the Low Back chapter for corticosteroids. ODG-TWC online, Low Back section, for Corticosteroids (oral/parenteral/IM for low back pain) states: Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria include: Clear cut signs and symptoms of radiculopathy. The most recent medical report provided is dated 12/09/14 in which the treater states he will start Medrol Dose Pak. However, the reports provided do not explain the reason for starting this medication. The patient has received ESI presumably for radicular symptoms. In this case; however, there is no clinical evidence or diagnosis of acute radicular pain for this patient. The request IS NOT medically necessary.