

Case Number:	CM15-0101726		
Date Assigned:	06/04/2015	Date of Injury:	10/02/2002
Decision Date:	07/02/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old male sustained an industrial injury to the neck and back via motor vehicle accident on 10/2/02. In 10/2014, the injured worker had another motor vehicle accident with subsequent ongoing increased neck and back pain. Previous treatment included magnetic resonance imaging, physical therapy, injections, stretching and medications. Magnetic resonance imaging lumbar spine (2/18/15) showed L3-4 and L4-5 mild facet hypertrophy with foraminal stenosis and L5-S1 disc bulge for foraminal stenosis. In a consultation dated 5/11/15, the injured worker complained of bilateral low back pain and achiness with occasional radiation to the right lower extremity that was aggravated with prolonged standing, sitting, lying and walking. The injured worker could not find a position to alleviate the pain. Physical exam was remarkable for pain with extension and lateral loading, positive bilateral straight leg raise and pain with multiple strength testing exercises. Current diagnoses included lumbar spine degeneration of intervertebral disc, acquired spondylolisthesis and lumbar spine stenosis. The injured worker reported that he did not currently want to do physical therapy. The physician recommended a course of oral steroids followed by a short-term use of Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 tablets of Methylpred Pak 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 126.

Decision rationale: The requested 21 tablets of Methylpred Pak 4mg, is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM); Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Low Back Disorders update to Chapter 12 approved by ACOEM's Board of Directors on October 29, 2007, p. 126: "1. Recommendation: Glucocorticosteroids for Acute Severe Radicular Pain Syndromes Glucocorticosteroids are recommended for treatment of acute severe radicular pain syndromes for purposes of obtaining a short-term reduction in pain." The injured worker has bilateral low back pain and achiness with occasional radiation to the right lower extremity that was aggravated with prolonged standing, sitting, lying and walking. The injured worker could not find a position to alleviate the pain. Physical exam was remarkable for pain with extension and lateral loading, positive bilateral straight leg raise and pain with multiple strength testing exercises. The treating physician has not provided evidence of an acute episode of radiculopathy. The criteria noted above not having been met, 21 tablets of Methylpred Pak 4mg is not medically necessary.