

<b>Case Number:</b>	CM15-0101833		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/04/2000
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Preventive Medicine, Occupational 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:

The injured worker is a 58-year-old female, who sustained an industrial injury on 12/4/2000. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc herniation, cervical degenerative disc disease, upper extremity overuse, myofascial pain, regional pain syndrome and fibromyalgia. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 5/11/2015, the injured worker complains of low back pain with radiation to the buttocks and left thigh. Pain was rated 9/10 without medications and 7/10 with medications. Physical examination showed lumbar spine tenderness. The treating physician is requesting a Medrol dose pack, lumbar magnetic resonance imaging and a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose pack x 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 (ODG) Pain Chapter, Oral Corticosteroids Section.

**Decision rationale:** The MTUS Guidelines do not address the use of oral corticosteroids for the use of chronic pain. The ODG does not recommend the use of oral corticosteroids for chronic pain, except for polymyalgia rheumatica (PMR). 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. Oral corticosteroids are recommended in limited circumstances for acute low back 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. There is no evidence of radiculopathy in the available documentation. There is no evidence that the injured worker has derived any functional gain from the use of Medrol or that the potential serious side effects were discussed with him prior to the use of the medication. Medrol is not recommended for the treatment of chronic pain; therefore, the request for Medrol dose pack x 1 is determined to not be medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 97, 303, 304, 309.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause.

MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. There is limited evidence in the available documentation of neurological deficits in the injured worker. The request for MRI of lumbar spine is determined to not be medically necessary.

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The injured worker is suffering from chronic low back pain and has not had a recent exacerbation of acute pain; therefore, the request for a back brace is determined to not be medically necessary.