

Case Number:	CM15-0103272		
Date Assigned:	06/09/2015	Date of Injury:	02/25/1993
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male, who sustained an industrial injury on 02/25/1993. On most recent provider visit dated 11/26/2014 the injured worker has reported right ilioinguinal pain, reported difficulty sleeping secondary to pain, right leg cramping. On examination there was a positive Tinnels right ilioinguinal and increased sensitivity in medial thigh and groin. The diagnoses have included post hernia repair syndrome, genitofemoral ilioinguinal nerve entrapment, and status post right orchiectomy. Treatment to date has included medication and injections. The provider requested Prednisone 10 mg #24, 17 day supply at another visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10 mg #24, 17 day supply: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant sustained a work injury and February 1993 and is being treated for chronic pain related to a hernia repair. When seen, there had been 90% improvement after a ilioinguinal nerve block done in April 2014. There had been a return of pain essentially unchanged from before the injection. Physical examination findings included medial thigh and groin sensitivity with decreased sensation. Lyrica was continued. An epidural injection was planned. Oral corticosteroids are not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. In this case, the claimant is not having acute radicular pain. Therefore prednisone was not medically necessary.