MAXIMUS Federal Services

Case Number:	CM15-0136008		
Date Assigned:	07/24/2015	Date of Injury:	11/26/2014
Decision Date:	09/22/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 33 year old male, who sustained an industrial injury on November 26, 2014. He reported injuring his low back while doing some heavy lifting. The injured worker was diagnosed as having disorders of the rotator cuff syndrome of shoulder and allied disorder, degeneration of lumbar or lumbosacral intervertebral disc, and synovitis and tenosynovitis. Treatments and evaluations to date have included MRIs, physical therapy, and medication. Currently, the injured worker complains of back pain, worse at night, with low back pain radiating to the tailbone, some mid back pain, and right shoulder and left knee pain. The Treating Physician's report dated June 11, 2015, noted the injured worker reported his back pain a 3-4 for the back, but 7-8 with walking and lying, with shoulder and knee pain unchanged. The injured worker's current medication was listed as Gabapentin. The physical examination was noted to show tenderness in his right sciatic notch, positive straight leg raise on the right, and a positive Hawkin's test of the right shoulder. The treatment plan was noted to include recommendation for a right shoulder arthroscopy which the injured worker declined, recommendation for physical therapy and a lumbar support, and a Medrol dose pack for the injured worker's back. The injured worker was noted to remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Medrol Pak 4mg #1: Upheld

Claims Administrator 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 (Chronic), Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: The MTUS is silent regarding the use of oral steroids for chronic pain. The ODG recommends oral corticosteroids for the treatment of acute radicular pain associated with the low back, but not for chronic pain, unless the patient presents with polymyalgia rheumatica. Medrol is not approved for the treatment of pain. In this case, the patient has chronic radicular low back pain. The documentation doesn't support a recent injury or exacerbation of pain. The use of steroids orally for chronic low back pain is not medically necessary.

1 lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

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

Decision rationale: According to the ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient has a history of chronic low back pain. The documentation doesn't support that the patient has had any recent injury or exacerbation in back pain. The use of lumbar supports for chronic back pain is not medically necessary.