

<b>Case Number:</b>	CM15-0138135		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 30, 2001. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for a Medrol Dosepak. A June 15, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated August 11, 2015, the attending provider appealed the previously denied Medrol Dosepak. The attending provider stated that a Medrol Dosepak was prescribed on May 28, 2015 to combat a flare of pain. In one section of the note, the attending provider stated that the applicant had had a flare of low back pain, while another section of the note stated that the applicant had chronic low back pain complaints. The attending provider stated that the applicant had had a flare of right-sided low back pain on or around the date the Medrol Dosepak was issued, May 28, 2015. On said May 28, 2015 progress note, the applicant reported a flare of low back pain following a lumbar radiofrequency ablation procedure of May 12, 2015. The applicant reported a complaint of pain primarily on the right side of her back. The applicant did report some complaints of low back pain radiating to the left hip. The neurologic review of systems was positive for numbness. The applicant exhibited visibly antalgic gait. The applicant was on Lidoderm, Protonix, tramadol, Ambien, Ativan, Prilosec, Soma, tramadol, and Vytarin, it was reported. The applicant was given a Medrol Dosepak for what appeared to be a flare of axial low back pain (primarily on the right side of her back).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol 4mg Dosepak #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, Low Back, Corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 504.

**Decision rationale:** No, the request for a Medrol Dosepak was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, oral corticosteroids such as the Medrol Dosepak at issue are deemed not recommended in the management of low back pain complaints, as was present here on or around the date in question, May 28, 2015. While a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Chapter does acknowledge that glucocorticosteroids such as the Medrol Dosepak in question are recommended for treatment of acute severe radicular pain syndromes for the purposes of obtaining a short-term reduction in pain, here, however, the applicant presented on the date in question, May 28, 2015, reporting right-sided axial low back pain following an earlier lumbar radiofrequency ablation procedure. The applicant did not appear to have bona fide radicular symptoms which would have compelled provision of a Medrol Dosepak. The Third Edition ACOEM Guidelines further note that glucocorticosteroids such as the Medrol Dosepak in question are not recommended in the treatment of chronic low back pain without radicular symptoms. Therefore, the request was not medically necessary.