

<b>Case Number:</b>	CM15-0139346		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 35 year old male, who sustained an industrial injury on 9/23/2014. He reported developing cervical thoracic whiplash myoligamentous syndrome after being in a motor vehicle accident. Diagnoses have included cervical degenerative disc disease, cervical sprain- strain, sprain thoracic region, cervical disc herniation and myofascial pain syndrome. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, cervical epidural steroid injection and medication. According to the progress report dated 6/23/2015, the injured worker complained of pain in his right shoulder and arm. He complained of persistent left leg numbness. He had had facet injections on the right side with immediate, acute, post-operative complication of right arm numbness and weakness with hypotension and bradycardia that responded to treatment. He complained of generalized weakness. He also complained of right knee pain. He rated his pain as six out of ten. Exam of the cervical spine revealed slight periscapular swelling on the right which was improved. There was patchy, sensory loss to light touch and pinprick throughout the bilateral upper limbs, trunk and left leg in a non-dermatomal fashion. Authorization was requested for a Medrol dosepak.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol 4 mg Dosepak, Qty 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: Pain - 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) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Medrol Dose Pack- See Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** The 35 year old patient is status post facet injections on the right side with immediate, acute post-op complication of right arm numbness and weakness along with chronic pain in right shoulder, arm and deltoid area, and left leg numbness, as per progress report dated 06/23/15. The request is for Medrol 4 mg Dosepak, qty 1. There is no RFA for this case, and the patient's date of injury is 09/23/14. Diagnoses, as per progress report dated 06/23/15, included cervical degenerative disc disease, cervical sprain/strain, thoracic sprain region, cervical disc herniation, and myofascial pain syndrome. Current medications included Naprosyn, Norco, Neurontin, and Medrol Dosepak. As per progress report dated 05/07/15, the patient complains of moderate neck and mid-back pain. The pain is rated at 4/10, as per progress report dated 05/04/15. The patient is not working, as per progress report dated 06/23/15. ODG under its low back chapter states not recommended for chronic pain. "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. (Tarnier, 2012) ODG Low Back Chapter recommends in limited circumstances for acute 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. (FDA, 2013)." In this case, a request for Medrol Dosepak is only noted in progress report dated 06/23/15. The treater does not explain the purpose. However, the patient is experiencing immediate, acute post-op complications in form of right arm numbness and weakness after right-sided facet injections. ODG guidelines support the use of Medrol Dosepak for acute radicular pain but in this case, it is not known why the patient should experience right arm symptoms following a facet joint injection. The treater does not explain that a nerve root was damage during the facet injection resulting in acute radiculopathy. The guidelines do not support Medrol for chronic pain. The request is not medically necessary.