

Case Number:	CM15-0142573		
Date Assigned:	08/26/2015	Date of Injury:	03/19/2001
Decision Date:	09/29/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 63 year old, male who sustained a work related injury on 3-19-01. The diagnoses have included cervicalgia and lumbago. Treatments have included low level laser treatments, physical therapy, oral medications, massage therapy, chiropractor treatments, acupuncture, trigger point injections, steroid injections into right wrist, lumbar spine surgery and cervical spine surgery. In the Follow-Up Evaluation dated 6-11-15, the injured worker reports ongoing neck and low back pain. He reports pain in the ischial tuberosity and pain in his hamstrings. On physical exam, he can touch his chin within a few fingerbreadths of his chest. He has 20% loss of extension and rotation. The sensory, motor and deep tendon reflexes in his arms are intact. He has restricted range of motion in his low back. He experiences inflammation and flare-ups of neck and low back pain which has responded to prednisone in the past. There is no documentation of working status. The treatment plan includes additional physical therapy, referral for a neurology consultation and for Prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 5mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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 Pain - Thoracic & Lumbar (acute & chronic) chapter, Corticosteroids (oral, parenteral & intramuscular) for low back pain.

Decision rationale: Per the ODG, Prednisone is a corticosteroid that is "recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria for the Use of Corticosteroids (oral/parenteral for low back pain): (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury." He has no radicular symptoms reported. Since he has no reported radicular symptoms and corticosteroids are not recommended for chronic pain, the requested treatment of Prednisone is not medically necessary.