

Case Number:	CM15-0149759		
Date Assigned:	08/13/2015	Date of Injury:	05/18/2000
Decision Date:	09/25/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/03/2015

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: Pennsylvania, Ohio, 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 63 year old, male who sustained a work related injury on 5-18-2000. The diagnoses have included disorder of back, thoracic spondylosis without myelopathy, low back pain, displacement of thoracic intervertebral disc without myelopathy, thoracic or lumbosacral neuritis-radiculitis, and displacement of lumbar intervertebral disc without myelopathy. Treatments have included oral medications, lumbar epidural steroid injections, left knee injections, physical therapy, and home exercises. In the PR-2 dated 7-1-15, the injured worker reports chronic low back pain with lower extremity radicular pain. He states the medications reduce his pain levels from 7 out of 10 to 4-5 out of 10. They improve his psychological state and overall contribute to his quality of life. The medications continue to benefit and provide functional gains by substantially assisting in his activities of daily living, mobility and restorative sleep. On physical exam, he has limited range of motion in his left knee. He has restricted and painful range of motion in his lumbar spine. He has lumbar spine tenderness of the spinous process at L5 and the transverse process on the left at L5. There is no documentation if he is working. The treatment plan includes medication refills. There is no request or order for a methylprednisolone pak noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone Pak 4mg QTY: 21: 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), low back section, criteria for the use of corticosteroids http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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 / Oral corticosteroids.

Decision rationale: MTUS does not directly address this issue. ODG states that the use of oral corticosteroids for acute or chronic low back pain or radicular symptoms is not recommended due to lack of sufficient medical literature to support its effectiveness. The records do not provide an alternate rationale to support this request. Thus, the request is not medically necessary.