

Case Number:	CM15-0161376		
Date Assigned:	08/28/2015	Date of Injury:	02/21/2013
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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 60-year-old who has filed a claim for chronic shoulder, neck, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of February 21, 2013. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for a Medrol Dosepak. The claims administrator referenced an RFA form received on July 13, 2015 in its determination. The claims administrator also cited a July 20, 2015 progress note. Non-MTUS ODG Guidelines were exclusively invoked in the determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant was placed off of work, on total temporary disability. Norco and Robaxin were endorsed. Ongoing complaints of neck, bilateral shoulder, and low back pain were reported, 4 to 6/10. There was no seeming mention of the Medrol Dosepak at issue on this date. On July 21, 2015, the applicant reported ongoing complaints of neck, low back, bilateral shoulders, and bilateral hip pain, 4 to 9/10. The applicant was not working, it was reported. Frequent radiation of low back pain to the right leg was reported with frequent of radiation of neck pain to the bilateral shoulders. A Medrol Dosepak, Norco, and Robaxin were endorsed while the applicant was placed off of work, on total temporary disability. There was no seeming mention of the applicant experiencing any acute flare in symptomology on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol pak 4mg #21 for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, pages, 494 and 506.

Decision rationale: No, the 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 are deemed "not recommended" in the evaluation and management of the applicant's low back pain complaints, as were/are present here. While a more updated Medical Treatment Guidelines (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorder Chapter does recommended glucocorticosteroids such as the Medrol Dosepak in question in the treatment of acute severe radicular pain syndromes for the purposes of obtaining a short-term reduction in pain. Here, however, July 21, 2015 progress note at issue made no mention of the applicant experiencing any acute flare in low back symptoms on that date. Rather, it appears that the applicant presented with chronic, longstanding, seemingly unchanged multifocal complaints of neck, low back, bilateral shoulder and bilateral hip pain. There was no seeming mention of an acute flare in radicular symptomology which would have compelled the Medrol Dosepak at issue. Therefore, the request was not medically necessary.