

Case Number:	CM15-0164183		
Date Assigned:	09/01/2015	Date of Injury:	11/01/1979
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 11-01-1979. He has reported injury to the neck and low back. The diagnoses have included degeneration of cervical intervertebral disc; lumbar radicular pain; degeneration of lumbosacral intervertebral disc; and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, diagnostics, ice, epidural steroid injection, and physical therapy. Medications have included Ibuprofen. A progress note from the treating physician, dated 07-29-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is having a flare-up which has lasted three weeks and it is getting worse; he is having heavy sciatic pain from the buttocks all the way down to the feet; numbness at the feet and side of calves is worst with this episode; the pain level is impeding his ability to walk properly; difficulty sleeping; lower back is unstable; the Ibuprofen and cold gel pack are not reducing it; ant-inflammatory only reduces half the pain; he has not been able to manage his sciatic pain with conservative treatment; and he feels ready for repeat epidural round. It is noted in the documentation that the injured worker has had epidural injections roughly ten years ago for similar pain which dramatically reduced his symptoms and allowed him to regain function. Objective findings included no recorded physical exam. The treatment plan has included the request for Medrol dose pack, 1 package oral route, #1 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack, 1 package oral route, #1 with no refills: 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), Pain (Chronic), Oral Corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Oral steroids are not medically necessary according to the ACOEM guidelines for low back pain. It is listed as 'not recommended' for the treatment of lower back pain. There are no MTUS guidelines in the treatment of cervical pain. The side effect profile of oral steroids prevents their general recommendation for use in treating cervical and lumbar pain. There is no data on efficacy and safety of systemic steroids on chronic pain. Therefore, the request is not medically necessary.