

Case Number:	CM15-0186547		
Date Assigned:	09/28/2015	Date of Injury:	11/02/2013
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 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 62 year old female, who sustained an industrial injury on 11-2-13. The injured worker is being treated for sprain of lumbar region, sprain of neck and shoulder impingement syndrome. Treatment to date has included oral medications including Omeprazole 20mg, Tramadol and Ibuprofen 800mg; she has refused injections to the shoulder; activity modifications and acupuncture. On 6-2-15 the injured worker complained of back, right shoulder and neck pain rated 3 out of 6 and on 7-28-15, the injured worker complains of left groin pain with radiation to right leg and bilateral shoulder pain rated 8 out of 10. She is not working. Physical exam performed on 6-2-15 noted a "positive (MRI) magnetic resonance imaging" and on 7-28-15 revealed obesity, antalgic gait, decreased sensation at L5-S1 and tenderness to palpation of L4-5. The treatment plan included request for pain management and prednisone 20mg. On 8-24-15 a request for prednisone 20mg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 20mg (unspecified quantity): 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).

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 chapter and pg 17.

Decision rationale: According to the guidelines, oral steroids are indicated for acute radicular pain. In this case, the claimant's pain was chronic. The claimant was on opioids as well. Length of quantity is unknown. The Prednisone as prescribed is not medically necessary.