MAXIMUS Federal Services

Case Number:	CM15-0187473		
Date Assigned:	09/29/2015	Date of Injury:	12/13/2001
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 33 year old female, who sustained an industrial injury on 12-13-2001. She has reported subsequent back pain and was diagnosed with status post microdiscectomy of the lumbar spine, failed spinal surgery syndrome, facet compromise of the lumbosacral spine, post-laminectomy syndrome. MRI of the lumbosacral spine on 05-12-2012 showed L3-L4 posterior disk bulge and facet disease, L4-L5 posterior disk bulge again with facet disease causing mild spinal canal narrowing and L5-S1 posterior disk osteophyte complex with facet disease. Treatment to date has included pain medication and surgery. Medication was noted to provide substantial pain relief. In a progress note dated 09-09-2015, the injured worker reported back pain that was rated as 7 out of 10. The physician noted that the injured worker was continuing to see substantial benefit with medications with a 90% improvement in pain with medications. Objective examination findings revealed difficulty getting on and off the exam table and getting in and out of the chair, little spontaneous motion of the lumbar region, muscle strength of 3 out of 5 in the right foot plantar flexors, right foot inverters, right foot everters, right foot dorsiflexors and right gluteal muscles, tenderness across the lumbosacral area of the spine with muscle spasm along the paraspinous area of the lumbar spine, right patellar reflex and right Achilles reflex 1 out of 4, decreased sensation to light touch on the right at L5 and L4 dermatomes, positive straight leg raise on the left at 30 degrees with pain radiating to the left buttocks and posterior thigh and positive straight leg raise on the right at 35 degrees with pain radiating to the right buttocks, posterior thigh and medial leg. The physician noted that the injured worker has markedly worsened in the past few months to the degree that she had

neurogenic claudication after 20 to 50 feet necessitating avoiding walking for even short periods of time, weakness to the right leg and decreased sensation to the degree that she was afraid to shave her legs due to lack of feeling. The injured worker was noted to be gainfully employed with no side effects and that medications allowed the injured worker to continue with employment. A request for authorization of Medrol DS Pak #1, use as directed was submitted. As per the 09-16-2015 utilization review, the request for Medrol was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol DS Pak #1, use as directed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medrol Dose Pack; Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The requested Medrol DS Pak #1, use as directed, is medically necessary. CA Medical Treatment Utilization Schedule (MTUS), The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2004. Chapter 12, Low Back Complaints, Table 12-8, p. 308: note: "In the absence of evidence, it is suggested that oral administration is preferable due to lower invasiveness and costs. It is recommended that only one course (5 to 14 days) of oral medication be prescribed for a given episode of radicular pain." The injured worker was diagnosed with status post microdiscectomy of the lumbar spine, failed spinal surgery syndrome, facet compromise of the lumbosacral spine, post-laminectomy syndrome. MRI of the lumbosacral spine on 05-12-2012 showed L3-L4 posterior disk bulge and facet disease, L4-L5 posterior disk bulge again with facet disease causing mild spinal canal narrowing and L5-S1 posterior disk osteophyte complex with facet disease. Treatment to date has included pain medication and surgery. Medication was noted to provide substantial pain relief. In a progress note dated 09-09- 2015, the injured worker reported back pain that was rated as 7 out of 10. The physician noted that the injured worker was continuing to see substantial benefit with medications with a 90% improvement in pain with medications. Objective examination findings revealed difficulty getting on and off the exam table and getting in and out of the chair, little spontaneous motion of the lumbar region, muscle strength of 3 out of 5 in the right foot plantar flexors, right foot inverters, right foot everters, right foot dorsiflexors and right gluteal muscles, tenderness across the lumbosacral area of the spine with muscle spasm along the paraspinous area of the lumbar spine, right patellar reflex and right Achilles reflex 1 out of 4, decreased sensation to light touch on the right at L5 and L4 dermatomes, positive straight leg raise on the left at 30 degrees with pain radiating to the left buttocks and posterior thigh and positive straight leg raise on the right at 35 degrees with pain radiating to the right buttocks, posterior thigh and medial leg. The physician noted that the injured worker has markedly worsened in the past few months to the degree that she had neurogenic claudication after 20 to 50 feet necessitating avoiding walking for even short periods of time, weakness to the right leg and decreased sensation to the degree that she was afraid to shave her legs due to lack of feeling. The treating physician has documented an acute flare-up of radiculoapthy. The criteria noted above having been met, Medrol DS Pak #1, use as directed is medically necessary.