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| Case Number: | CM15-0194253 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 07/20/2014 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 07-20-2014. According to a progress report dated 09-15-2015, the provider noted that in the interim the sensitivity in digits 2 and 3 over the further aspect of the hand had become completely numb. Electromyography was most suggestive of cervical radiculopathy on the left side which was suggested to be subacute but acute overlay could not be excluded. The provider noted that since the pain in the left arm and cervical spine came on during the course of this injury, that it was very likely that is was caused by the injury at hand. Objective findings included positive nerve root stretch test in the left upper extremity which radiated from the cervical spine down the arm. She had dysesthesias over the index and second digit. MRI showed moderate bilateral neuroforaminal narrowing at C5-6 and C6-7. There was no neuroforaminal narrowing. Diagnoses included carpal tunnel syndrome, pain shoulder and pain in joint. Recommendations included a Medrol Dosepak. The injured worker was to remain off work. An authorization request dated 09-15-2015 was submitted for review. The requested services included Medrol Dosepak x 1 and 8 sessions of physical therapy for the cervical spine. The provider noted that if the Medrol Dosepak failed to alleviate the radicular pain in the lower left upper extremity, then an epidural steroid injection was indicated. On 09-22-2015, Utilization Review non-certified the request for Medrol Dosepak quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepack Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / oral cortiscoteroids.

Decision rationale: Per ODG Pain (Chronic) / oral cortiscoteroids, oral steroids are not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. In this case the patient does not have a diagnosis of PMR and thus the recommendation is for non-certification, therefore is not medically necessary.