

Case Number:	CM15-0198441		
Date Assigned:	10/13/2015	Date of Injury:	02/19/1996
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on 2-19-96. The injured worker was diagnosed as having lumbar radiculopathy and chronic pain syndrome. Treatment to date has included medication such as Cyclobenzaprine, Ibuprofen, Kadian, Lidocaine patches, and Zolpidem. On 9-21-15, the treating physician noted musculoskeletal; back abnormal findings include: reduced range of motion. On 9-21-15, the injured worker complained of lumbar spine pain. On 9-21-15, the treating physician requested authorization for Methylprednisolone 4mg. On 9-30-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone 4mg: 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), Low Back - Lumbar & Thoracic (Acute & Chronic): Corticosteroids (oral/parenteral/IM for low back pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Corticosteroids (oral/parenteral/IM for LBP).

Decision rationale: The medical records indicate the patient has chronic low back pain and left leg pain dating back to a 1996 injury. The current request for consideration is Methylprednisone 4mg. The attending physician report date 9/21/15 offers no discussion for the request for Methylprednisone. The CA MTUS does not discuss steroids for low back pain; therefore, the official disability guidelines (ODG) were consulted. The ODG states that corticosteroids are recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. The criteria for the use of Corticosteroids: 1. Patients should have clear-cut signs and symptoms of radiculopathy. 2. Risks of steroids should be discussed with the patient and documented in the records. 3. The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. 4. Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of new injury. In this case, the records indicate the patient has a chronic low back condition dating back to 1996. The records do not indicate the patient had a symptom-free period and has recently suffered an acute exacerbation. There is no documentation of the risk of steroids or documentation that the patient has been made aware of the evidence that research provides limited evidence of effect with this medication. The records indicate the patient is having low back pain of a chronic nature with radiculopathy. This is not consistent with ODG guidelines. As such, the current request is not consistent with ODG guidelines, and is not medically necessary.