

Case Number:	CM15-0203019		
Date Assigned:	10/19/2015	Date of Injury:	01/28/2014
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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 61 year old, male who sustained a work related injury on 1-28-14. A review of the medical records shows he is being treated for lower back pain. In progress notes dated 9-14-15, the injured worker reports chronic radiating low back pain. He has associated numbing pains worse when sitting in his legs. He describes the pain as stabbing, aching, numbing sensation and debilitating to him affecting his ability to work effecting sitting and walking. On physical exam dated 9-14-15, he has tenderness over the lumbosacral junction. He has limited range of motion in forward bending. Dural stretch test is positive. Sensation is diminished in a "stocking" distribution. Treatments have included home exercises. Current medications include none. He is currently working modified duty. The treatment plan includes requests for advanced imaging study, electrodiagnostic testing, physical therapy and Prednisone taper. The Request for Authorization dated 9-21-15 has requests for an MRI of lumbar spine, EMG-NCV, physical therapy and for Prednisone. In the Utilization Review dated 10-6-15, the requested treatment of Prednisone 20mg. tabs is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 20mg tabs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back, 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 Official Disability Guidelines (ODG) Low Back, Corticosteroids.

Decision rationale: The requested Prednisone 20mg tabs , is medically necessary. CA MTUS silent on Prednisone - Corticosteroids. Official Disability Guidelines, Low Back Complaints, Corticosteroids (oral/parenteral/IM for low back pain) Recommended in limited circumstances as noted below for acute radicular pain. The injured worker has chronic radiating low back pain. He has associated numbing pains worse when sitting in his legs. He describes the pain as stabbing, aching, numbing sensation and debilitating to him affecting his ability to work effecting sitting and walking. On physical exam dated 9-14-15, he has tenderness over the lumbosacral junction. He has limited range of motion in forward bending. Dural stretch test is positive. Sensation is diminished in a "stocking" distribution. The treating physician has adequately documented the presence of radiculopathy, establishing the medical necessity for a taper course of oral steroids. The criteria noted above having been met, Prednisone 20mg tabs are medically necessary.