

Case Number:	CM15-0215192		
Date Assigned:	11/05/2015	Date of Injury:	05/02/2014
Decision Date:	12/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 38 year old female, who sustained an industrial-work injury on 5-2-14. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic low back pain and lumbago. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit (50% reduction in pain), spinal injection, and diagnostics. MRI and x-ray results were reported to be negative. EMG-NCV (electromyography and nerve conduction velocity test) was reported to be unremarkable. Currently, the injured worker complains of increased low back and right leg pain rated 4-6 out of 10 but can reach 10 out of 10. Medication included Advil and recently Robaxin. She is working. Per the primary physician's progress report (PR-2) on 8-18-15, exam notes normal strength, decreased right anterior thigh sensation, presence of normal reflexes, and limited range of motion due to pain. On 9-22-15, treatment was ordered for exacerbation of symptoms. The Request for Authorization requested service to include Medrol Dose Pack 4mg, Quantity: 1. The Utilization Review on 9-28-15 denied the request for Medrol Dose Pack 4mg, Quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack 4mg, Quantity: 1: Upheld

Medrol Dose Pack 4mg, Quantity: 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 (ODG), Low Back, Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Corticosteroids/pain chapter and pg 110.

Decision rationale: According to the guidelines, steroids are not recommended for chronic pain. The claimant had been on muscle relaxants and NSAIDS for over a year. Previous response to NSAIDS would reduce pain 50%. A short-course of steroids has only short-term benefit. There is insufficient evidence for its use in chronic back pain. The request is not medically necessary.