

Case Number:	CM15-0041769		
Date Assigned:	03/12/2015	Date of Injury:	01/03/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: Preventive Medicine, Occupational 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 (IW) is a 53 year old male, who sustained an industrial injury on 01/03/2014. He reported immediate onset of low back pain while lifting an object at work. Symptoms progressively worsened and he developed pain down the left leg and right shoulder pain radiating down the right arm to the hand. The injured worker was diagnosed as having right shoulder impingement syndrome versus right cervical radiculopathy, left L4-5 extruded disc herniation and left leg radiculopathy. Treatment to date has included self-procured chiropractic therapy, and trigger point injections. Currently, the injured worker complains of right shoulder pain radiating down to the hand that he rates a 3/10 with medication and a 5/10 without medication. He also has complaints of low back pain and numbness with pain radiating down the left anterior and posterior thigh through the shin and calf into the foot. He rates these symptoms a 3/10 with medication increasing to a 5/10 without medication. The treatment plan includes acupuncture, physiotherapy, right shoulder subacromial injection and urine toxicology screen. Requested items include Ibuprofen 800mg #90, and Medrol Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: According to the Official Disability Guidelines, criteria for use of oral corticosteroids are: (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 record; (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 a new injury. There is documentation for radiculopathy, but the medical record lacks documentation of the other criteria. Medrol dosepak is not medically necessary.