

Case Number:	CM15-0043736		
Date Assigned:	03/13/2015	Date of Injury:	02/27/2012
Decision Date:	04/24/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 51 year old female, who sustained an industrial injury on February 27, 2012. She reported slipping and wrenching her lower back, with severe low back pain noted the following day. The injured worker was diagnosed as having right lumbar radiculopathy, chronic pain status post lumbar fusion January 24, 2013, right sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar myofascial strain, and lumbago. Treatment to date has included lumbar fusion January 24, 2013 at L4-L5, electromyography (EMG)/nerve conduction velocity (NCV) of the lower extremities, epidural steroid injection (ESI), chiropractic treatments, Toradol injections, lumbar spine CT, and medication. Currently, the injured worker complains of aching and stabbing pain in the low back with radiation of stabbing pain into her right lower extremity. The Treating Physician's report dated January 14, 2015, noted the injured worker was currently taking over-the-counter (OTC) Aleve as needed for pain, reported as not helping to reduce her pain. An electromyography (EMG) of the bilateral lower extremities on August 20, 2014, revealed evidence of bilateral S1 radiculopathy. Physical examination was noted to show dermatomes C2-S2 intact to light touch with decreased pinprick sensation in the right L5 and S1 dermatomes, with tenderness to palpation of the right SI joint, limited lumbar flexion, and positive right lumbar facet loading. The Physician noted the plan included requesting a right L5 and S1 epidural steroid injection (ESI); follow up in four weeks, Pamelor for neuropathic pain relief, physical therapy two times a week for eight weeks for lumbar stabilization with modalities, and Prednisone taper for chronic inflammatory state interruption.

IMR ISSUES, DECISIONS AND RATIONALES

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

25 Tablets of Prednisone 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, online for: Oral corticosteroids.

Decision rationale: According to the 01/14/2015 report, this patient presents with an 8/10 low back pain with "radiation of stabbing pain into her right lower extremity to her knee." The current request is for 25 Tablets of Prednisone 10mg "for chronic inflammatory state interruption." The request for authorization is not included in the file for review. The patient's work status is deferred to the PTP. Regarding Oral corticosteroids, ODG states "Not recommended for chronic pain. 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. (Tarner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain (FDA, 2013)." In this case, there is not documentation to indicate that the patient has "acute radicular pain" to warrant the use of this medication; therefore, the request IS NOT medically necessary.