

Case Number:	CM15-0045903		
Date Assigned:	03/18/2015	Date of Injury:	11/19/2012
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60-year-old female who sustained an industrial injury on 11/19/12. Initial complaints and diagnoses were not available. Treatments to date include medications. Diagnostic studies include MRI of the lumbar spine and left ankle. Current complaints include lower back, left hip, left knee, and left ankle pain. In a progress note dated 12/31/14, the treating provider recommends medications including Norco and Reglan. Injections of Toradol, Dexamethasone, and Depo-Medrol were given in the office on the date of service. An authorization was requested for left total knee replacement. the requested treatment is Dexamethasone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Dexamethasone 10mg injection, (site not specified) DOS:

2/4/2015: 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 Official Disability Guidelines (ODG) Dexamethasone.

Decision rationale: According to the ODG, there is no proven benefit to the IM injection of steroids including dexamethasone. Therefore, at this time, the requirements for treatment have not been met. The service is not medically necessary.