

Case Number:	CM15-0046811		
Date Assigned:	03/19/2015	Date of Injury:	07/11/2008
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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 57 year old male who sustained an industrial injury on 07/11/08. Initial complaints and diagnoses are not available. Treatments to date include back surgery and medications. Diagnostic studies include MRI of the lumbar spine. Current complaints include low back pain and left leg pain. In a progress note dated 02/16/15 the treating provider reports the plan of care as a Medrol dose pack and a left steroidal Sacroiliac joint injection. The requested treatment is a Medrol dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack 4mg #21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, oral corticosteroids.

Decision rationale: The patient presents with low back pain, rated 3/10, and left leg pain, rated 7/10. The request is for MEDROL DOSE PACK 4 MG #21. Patient is status post lumbar spine surgery 10/20/14. Physical examination to the lumbar spine on 02/16/15 revealed tenderness to palpation to the paraspinal muscles and the sacroiliac joint on the left side. Straight leg raising test was positive on the left. Patient's treatments have included physical therapy, medications, acupuncture, and lumbar ESIs with temporary relief. Per 12/04/14 progress report, patient's diagnosis include spinal stenosis of lumbar region, radiculitis, thoracic or lumbar, and headaches. Per 01/05/15 progress report, patient is temporarily totally disabled due to recent surgery. Regarding oral corticosteroids, ODG under its low back chapter 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. (Tanner, 2012) ODG Low Back Chapter recommends 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. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" The treater does not discuss this request. In this case, the patient suffers from chronic low back pain. The requested Medrol Dose Pak is not indicated for this type of condition, as ODG recommends its use in some cases of acute radicular pain, but not for chronic pain. Therefore, the request IS NOT medically necessary.