

Case Number:	CM15-0055323		
Date Assigned:	04/01/2015	Date of Injury:	02/05/2010
Decision Date:	05/29/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/23/2015

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: Emergency 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 is a 51 year old male, who sustained an industrial injury on 2/5/10. The injured worker was diagnosed as having post laminectomy syndrome lumbar region and lumbar laminectomy. Treatment to date has included caudal injection, lumbar laminectomy, oral medications including opioids, physical therapy and home exercise program. Currently, the injured worker complains of low back pain. Upon physical exam, tenderness is noted to palpation of paraspinals of cervical region, and lumbar region with worsening right lumbar radiculopathy. The treatment plan consisted of prescriptions for Neurontin, Amitriptyline, Medrol dose pack, Norco and Vicoprofen; lumbar x-rays and (MRI) magnetic resonance imaging and repeat caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone Tablet 4 mg (Medrol PAK 4 mg) - 1 packet: 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 - Lumbar & Thoracic (Acute & Chronic); Corticosteroids (oral/parenteral/IM for low back pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, "Corticosteroids (oral/parenteral/IM for low back pain)".

Decision rationale: The requested Methylprednisolone Tablet 4 mg (Medrol PAK 4 mg) - 1 packet, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back, "Corticosteroids (oral/parenteral/IM for low back pain)" recommend short course of steroid for acute radiculopathy. The injured worker has low back pain. The treating physician has documented lumbar post-laminectomy syndrome and on exam decreased right L4-5 sensation and positive bilateral straight leg raising test. The treating physician has not documented an acute exacerbation of pain. The criteria noted above not having been met, Methylprednisolone Tablet 4 mg (Medrol PAK 4 mg) - 1 packet is not medically necessary.

MRI (magnetic resonance imaging) Lumbar Spine with dye/contrast: 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 - Lumbar & Thoracic (Acute & Chronic); MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI (magnetic resonance imaging) Lumbar Spine with dye/contrast is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain. The treating physician has documented lumbar post-laminectomy syndrome and on exam decreased right L4-5 sensation and positive bilateral straight leg raising test. The treating physician has not documented an acute exacerbation of pain or clinical change since a previous imaging study. The criteria noted above not having been met, MRI (magnetic resonance imaging) Lumbar Spine with dye/contrast is not medically necessary.