

Case Number:	CM15-0057265		
Date Assigned:	04/02/2015	Date of Injury:	05/24/2012
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old woman sustained an industrial injury on 5/24/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine disc bulge with right side radiculopathy, right shoulder labral tear with surgical repair, and carpal tunnel syndrome of the right hand with surgical repair. Treatment has included oral medications and surgical interventions. Physician notes on a PR-2 dated 10/8/2014 show complaints of pain to the neck, right shoulder, and right hand. Recommendations include physical therapy including ultrasound, massage, and therapeutic exercises, Motrin, Norco, Soma, and Xanax for anxiety. The worker was given injections that included Toradol, Dexamethasone, Depo-medrol, and Vitamin B12 during this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone 20 mg/ml injection, provided on February 13, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 - 61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lower Back section, Corticosteroids.

Decision rationale: The MTUS Guidelines do not address oral or parenteral administration of steroids for the treatment of pain. The ODG, however, states that steroid may be recommended in limited circumstances for acute radicular low back pain, but does not recommended steroids for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria for the Use of corticosteroids (oral/parenteral for low back pain) includes: (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. In the case of this worker, the progress note submitted from 2/13/15 showed no information regarding the location of the injection requested for approval, which is required before consideration can be made for approval. Therefore, the request for Dexamethasone 20 mg/ml injection will be not medically necessary until this can be provided for review.

Depo-medrol 40 mg/ml injection, provided on February 13, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 - 61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lower Back section, Corticosteroids.

Decision rationale: The MTUS Guidelines do not address oral or parenteral administration of steroids for the treatment of pain. The ODG, however, states that steroid may be recommended in limited circumstances for acute radicular low back pain, but does not recommended steroids for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria for the Use of corticosteroids (oral/parenteral for low back pain) includes: (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. In the case of this worker, the progress note submitted from 2/13/15 showed no information regarding the location of the injection requested for approval, which is required before consideration can be made for approval. Therefore, the request for Depo-medrol 40 mg/ml injection will be considered not medically necessary until this can be provided for review.