

Case Number:	CM15-0057623		
Date Assigned:	04/02/2015	Date of Injury:	01/19/2012
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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: Preventive Medicine, Occupational 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 33 year old male who sustained an industrial injury on 01/19/2012. Diagnoses include lumbar disc displacement, lumbar radiculopathy, lumbar facet arthritis, sacroiliac joint arthropathy and thoracic facet arthropathy. Treatment to date has included diagnostic studies, physical therapy and medications. A physician progress note dated 02/18/2015 documents the injured worker presents with low back pain radiating down the left posterior leg. He has numbness and tingling of the left posterior leg. He complains of weakness of his back without weakness of this leg. His pain is constant and worse with lumbar flexion. On 02/12/2015, he was driving and was at a complete stop when he was rear-ended. At that time, he developed worsening of symptoms, and now has pain radiating down the right posterior leg, and he has numbness, tingling and weakness of the right leg. On examination, his back is tender to palpation. He has a positive Patrick's bilaterally, Faber's test is positive bilaterally, and Pelvic Compression test is positive. The treatment plan is for starting Lidoderm, Baclofen, and a lumbar Magnetic Resonance Imaging given the worsening low back pain with right leg radiation with associated numbness and weakness. Treatment requested is for Medrol Dosepak x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Oral corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back - Corticosteroids.

Decision rationale: Guidelines give tepid support for the use of steroids for acute radiculopathy. This individual has chronic low back pain, but an acute worsening radiculopathy is clearly documented in addition to the baseline pain. Under these circumstances, Guidelines allow for a trial of short-term (2 weeks or less) steroids. The Medrol dose pak X's1 is medically necessary.