

<b>Case Number:</b>	CM15-0082315		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old female patient who sustained an industrial injury on 05/21/2013. A primary treating office visit dated 01/23/2015 reported subjective complaints of low back pain that radiates into the left lower extremity associated with numbness and tingling. She has received two epidurals with some temporary relief of symptom. There is also a pending myelogram. She reports having great difficulty walking stairs. The impression noted herniated lumbar disc left improved but still symptomatic. The plan of care involved administering a Toradol injection, return to modified work duty and follow up visit. Another primary treating office visit dated 12/19/2014 reported subjective complaint of still with numbness to bilateral feet, but the back and leg pain has subsided after the injection 12/03/2014. The impression noted herniated lumbar disc, improved. The plan of care involved: refilling Tylenol #4, continue with regular work duty, and follow up with neurosurgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone 10mg #9:** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** MTUS is silent on the use of oral steroids. ACOEM recommends against the use of oral corticosteroids for low back complaints. It's a ACOEM C recommendation (C=Limited research-based evidence (at least one adequate scientific study of patients with low back complaints). ODG states Criteria for the Use of Corticosteroids (oral/parenteral for low back pain): (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. While the patient does have radiculopathy documented, the patient has chronic back pain and the treating physician does not document a new injury, re-injury, or fully detail that a discussion was had with the patient discussing risk benefits of oral steroid treatment. The treating physician has not met the above guidelines. As such, the request for Prednisone 10mg #9 is not medically necessary.