

<b>Case Number:</b>	CM15-0084218		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 43 year old male with an industrial injury dated 08/21/2014 resulting in neck pain and radiation down the left upper extremity. His diagnoses/impression included cervical 5 through thoracic 1 degenerative disc disease, worse along cervical 6-7 level, cervical strain with myofascial pain and left cervical radiculopathy. Prior treatment included physical therapy, home exercise program and medications. He presents on 03/19/2015 with complaints of neck pain and feeling weaker in his left hand. He stated the pain ranged from 5-9 out of 10. Diagnostic studies included x-ray of the cervical spine, thoracic spine and electro diagnostic studies. The results are documented in the 03/19/2015 note. His medications included Ultram, Gabapentin and Naprosyn. Physical exam showed cervical spine range of motion to be 65% of normal. There was tenderness to palpation along bilateral cervical paraspinal muscles, upper trapezius, and levator scapular and periscapular regions. Multiple trigger points were identified along the left shoulder. Treatment plan included MRI of the cervical spine, Prednisone taper, independent exercise program, off work until next visit and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone 20mg #12:** 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), Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**Decision rationale:** ODG recommends oral corticosteroids for the treatment of acute radicular pain associated with the low back, but not for chronic pain, unless the patient presents with polymyalgia rheumatica. Medrol is not approved for the treatment of pain. In this case the documentation doesn't support that the patient has had low back pain. The Injured Worker is suffering from chronic pain and the documentation doesn't support that they have had an acute exacerbation. The use of prednisone is not medically necessary.