

Case Number:	CM15-0087412		
Date Assigned:	05/11/2015	Date of Injury:	05/11/2009
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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:

The injured worker is a 26 year old female, who sustained an industrial injury on 5/11/09. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine aggravation; central disc protrusion L3-L4 with annular tear; lumbar stenosis; L3-L4, L4-L5 radiculopathy; lumbar facet joint arthropathy; lumbar sprain strain/sleep disturbance secondary to back pain. Treatment to date has included medications. Currently, the PR-2 notes dated 4/16/15 indicated the injured worker was re-evaluated on this date for complaints of bilateral low back pain radiating to the bilateral buttocks and bilateral lower extremities with radicular pain. The injured worker reports the prescribed Medrol Dose Pack relieved her aggravated low back pain. She now reports a new flare of acutely aggravated low back pain. The provider documents exacerbating factors listed as prolonged sitting, standing, lifting, twisting, driving, lying down or any activities. Mitigating factors are listed as medications, using a lumbar support and pillows under her legs. Current medications prescribed as well as Xanax and pironolactone. The injured worker's prior prescribed medications were Gabapentin, Cymbalta, Prilosec, Lyrica, Dilaudid, Hydromorphone, Lunesta, Ambien, Neurotin, Oxycodone, Fentanyl patch, Clonazepam, Soma, Nucynta, Temazepam and Percocet and a Medrol Dose pack which relieved the aggravated low back pain. The injured worker has no other medical or surgical history and is currently not working. The physical examination demonstrates tenderness upon palpation to the lumbar paraspinal muscles. The lumbar range of motion is restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive along with straight leg raises. Nerve root signs were negative bilaterally. Clonus, Babinski's and Hoffman's signs are absent bilaterally. Muscle strength is 5/5 in the lower extremities. There is a decrease sensation at the L4-L5 dermatomal distribution on the left. This PR-2 was the only medical documentation submitted for review. The

provider has requested an additional Medrol (methylprednisolone) dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol (methylprednisolone) dosepack, quantity 1: 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) Pain - Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to the Official Disability Guidelines, Corticosteroids are recommended in limited circumstances for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Corticosteroids per ODG are not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. In this case, the injured worker is in the chronic phase of injury and this medication is being prescribed for aggravated low back pain. The medical records do not establish evidence of a recent course of conservative management to address the recent flare-up. In addition, the progress report noted that prior use of this medication has been beneficial. However, the medical records do not establish specific subjective or objective functional benefits from prior use of Medrol Pack. Moreover, the medical records do not establish that risks of steroids have been discussed with the patient and documented in the record. The request for Medrol (methylprednisolone) dosepack, quantity 1 is not medically necessary and appropriate.