

Case Number:	CM15-0088425		
Date Assigned:	05/12/2015	Date of Injury:	03/09/2008
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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 56 year old male who sustained an industrial injury on March 9, 2008. He has reported injury to the low back and right leg and has been diagnosed with post lumbar spine surgical syndrome status post L4 to S1 fusion in 2009 with moderate stenosis and degenerative changes L3-4 back worse than leg pain. Treatment has included surgery, medications, medical imaging, and injections. Physical examination showed an antalgic gate with some restricted range of motion of the lumbosacral spine. They were neurologically globally intact with patchy sensory changes, diminished reflexes. Vascular examination was normal. Straight leg raise test equivocal. MRI dated December 3, 2013 showed moderate central spinal stenosis L3-4 due to combination of mild annular disc bulge and facet degenerative changes. The treatment request included Medrox dose pack 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack 4 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation 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). 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 the risk benefits of oral steroids. As such, the request for Medrol Dose Pack 4 MG is not medically necessary.