

<b>Case Number:</b>	CM14-0133002		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/25/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60 year old woman with a date of injury of 3/25/12. She was seen by her provider on 7/9/14 with complaints of low back pain with right lower extremity weakness and to follow up sciatica, chronic pain syndrome and fibromyositis. She had a history of falls with the most recent being the day prior to the visit. She had no pain relief from opioids (norco) and also took gabapentin. Her physical exam showed antalgic gait favoring the right with a forward flexed body posture. She had tenderness to palpation over midline lumbar spine and range of motion could not be tested due to pain. She had a positive straight leg raise on the right at 15 degrees. She had normal reflexes except 1+ patella and achilles on the right. At issue in this review is the prescription of a medrol dose pack for sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Dose Pack Of Medrol 4mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN, CRPS, MEDICATIONS Page(s): 37. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-308.

**Decision rationale:** This 60 year old injured worker has chronic back pain with an injury sustained in 2012. Her medical course has included numerous treatment modalities including use of several medications including narcotics and gabapentin. The MD visit of 7/14 fails to sufficiently justify the medical necessity of a medrol dose pack for sciatica, especially since oral corticosteroids use is not recommended for low back pain per the American College of Occupational and Environmental Medicine guidelines.