

Case Number:	CM14-0141350		
Date Assigned:	09/10/2014	Date of Injury:	03/08/2002
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 62-year-old male who reported an injury on 03/08/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy, myofascial syndrome, lumbar herniated disc, chronic pain syndrome, cervical sprain/strain, tension headaches and chronic pain related insomnia. Past medical treatment consisted of physical therapy and medication therapy. Medications include Norco, fish oil, Gabadone, Theramine and Medrol. On 06/26/2014 the injured worker underwent a drug screen showing that the injured worker was in compliance with his medications. On 07/31/2014 the injured worker complained of low back and bilateral leg pain. Physical examination revealed that the injured worker rated the pain at a 4/10 with medication and 9/10 without medication. It was noted upon examination that there appeared to be some inflammation on the disc which was putting more pressure on the nerves particularly on the right side. There was no documented evidence of the injured worker having had range of motion tested, motor strength or sensory deficits. The treatment plan is for the injured worker to have the use of Medrol. The provider feels the medication will help bring down the inflammation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Medrol Dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chronic; Corticosteroids Oral/Parenteral/IM for Low Back Pain; Low Back-Lumbar & Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines CRPS Medications Corticosteroids (Medrol, methyl prednisolone) Page(s): 37.

Decision rationale: The California MTUS state that corticosteroids are most effective when a positive response is obtained with sympathetic blocks. The California MTUS/ACOEM further state that corticosteroids are not recommended. There is no clear rationale provided for the use of methylprednisolone. There were no exceptional factors provided in the documentation submitted to support approval outside the guideline recommendations. Additionally, the provider's request does not indicate the frequency, dose or duration of the medication. As such, the request for Prospective Request for 1 Prescription of Medrol Dose pack is not medically necessary.