MAXIMUS Federal Services

Case Number:	CM14-0149258		
Date Assigned:	09/18/2014	Date of Injury:	11/28/2007
Decision Date:	12/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

An 8/5/14 PR-2 report states that there is constant sharp cervical pain that radiates into the upper extremities. There are associated migrainous headaches. There is constant low back pain that is described as sharp. Both cervical and lumbar pains are worsening. The cervical pain is 8/10 and lumbar is 9/10. The objective findings are that the patient is in no acute distress. There is paravertebral tenderness with spasm. There is tingling in the C5 dermatomal pattern. Biceps reflex is asymmetric.There is 4/5 strength in the deltoid and bicep. Bicep reflex is asymmetric.There is tingling in a C6,7 dermatomal pattern.There is weakness in the C6,C7 innervated muscles.Triceps reflex is asymmetric. There is tingling and weakness in the L5,S1 dermatomal and myotomal pattern.There is paravertebral tenderness. The treatment plan included medication refills. The patient was given an in office injection of Depo Medrol for current orthopedic symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo Medrol Injection, DOS: 08/05/14: 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)-TWC Low Back Procedure Summary (updated 07/03/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The MTUS does not specifically address Dep Medrol Injection. The ODG states that Corticosteroids (oral/parenteral/IM for low back pain) are recommended in limited circumstances for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. This is not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain.The documentation does not indicate that the patient had acute pain or a new injury. The patient has chronic pain and the physical exam stated that he was in no acute distress. The request for Depo Medrol injection, DOS: 08/05/14 is not medically necessary.