

Case Number:	CM14-0182868		
Date Assigned:	11/07/2014	Date of Injury:	03/13/2012
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with an injury date on 03/13/2014. Based on the 11/19/2013 progress report provided by [REDACTED] the diagnoses are: 1. Radiculopathy, lumbar spine (left) 2. Facet arthropathy, lumbar 3. Discogenic pain, lumbar 4. Lumbar HNP, dis dis nec 5. Edema of C-T-L spine facet joint 6. Spinal enthesopathy 7. Lumbar degenerative disc disease 8. Abnormality of gait, awkward gait 9. Abnormality posture, mild loss of lumbar lordosis 10. Sprain/strain, thoracic According to this report, the patient complains of low back pain that is aching, burning, shooting and tender. Patient rate current pain is at a 5/10, with medications pain is a 4/10 and without medication pain is a 10/10. Physical exam reveals thoracic and lumbar range of motion is decreased. Tenderness is noted at the transverse process bilaterally and the left paraspinal muscles. Straight leg raise, facet distraction/loading maneuvers test are positive. Diminished sensation to light touch and pin-prick are noted along the left L5 and S1 root distribution. Motor strength of the left lower extremity shows trace weakness. Deep tendon reflexes of the left patella and left Achilles are 2/4. There were no other significant findings noted on this report. The utilization review denied the request on 10/21/2014. [REDACTED] is the requesting provider and he provided treatment report dated 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack #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: Pain Chapter: Oral Corticosteroids, Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Methylprednisolone, ODG guidelines, Pain Chapter, online for: Oral corticosteroids

Decision rationale: According to the 11/19/2013 report by [REDACTED] this patient presents with low back pain that is aching, burning, shooting and tender. The treater is requesting Medrol Dos Pack #1 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 11/19/2013 and the utilization review letter in question is from 10/21/2014. Regarding Methylprednisolone, ODG states "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." In this case, the patient does not present with an "acute radicular pain" to warrant the use of this medication; therefore, the request for Medrol Dose Pack is not medically necessary.