

Case Number:	CM14-0096115		
Date Assigned:	07/25/2014	Date of Injury:	03/15/2014
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old male with a 3/15/14 date of injury. At the time (3/7/14) of the request for authorization for Methylprednisolone retro 3/10/14, there is documentation of subjective (shooting pain when turning head to right) and objective (tenderness to palpation left side of neck, decreased range of motion to rotation to the left at 40 degrees) findings, current diagnoses (cervical strain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone retro 3/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Oral corticosteroids.

Decision rationale: MTUS does not address the issue. ODG identifies that oral corticosteroids are not recommended. The limited available research evidence indicates that oral steroids do not appear to be an effective treatment for patients with back problems. Serious potential

complications are associated with long-term use, but potential complications appear minimal with short-term use, except for short-term use of steroids in high doses. Therefore, based on guidelines and a review of the evidence, the request for Methylprednisolone retro 3/10/14 is not medically necessary.