

<b>Case Number:</b>	CM14-0212408		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/04/1997
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old female with a 9/4/97 date of injury. According to the attending physician report dated 10/6/14, the patient presented with acute burning pain in the right leg. The flare-up began 10 days prior and was constant and severe. Physical examination findings revealed abnormal gait, tenderness lumbar region, left foot drop, weakness multiple areas of the left lower extremity. Unsteady gait was noted as was symmetrically decreased deep tendon reflex testing. It was noted that previous treatment included multiple medications and previous back surgery. Her history is significant for hypertension, hyperlipidemia, hypothyroidism and MS. The current diagnoses are: 1. Paresthesia 2. Weakness 3. Lumbar radiculopathy. The utilization review report dated 11/15/14 denied the request for Medrol 4mg dose pack based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol 4 mg dose pack:** 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Oral Corticosteroids

**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 chapter, oral corticosteroids

**Decision rationale:** The patient presents with a sub-acute episode of low back pain and burning in the leg. The current request is for Medrol 4mg dose pack. According to the ODG guidelines, corticosteroids are recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. ODG has established a criteria for the use of corticosteroids (oral/parenteral for low back pain):(1) Patients should have clear-cut signs and symptoms of radiculopathy;(2) Risks of steroids should be discussed with the patient and documented in the record;(3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record;(4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In this case, the patient is out of the acute stage as 10 days had passed since the onset of her symptoms. The medication is not recommended for acute non-radicular pain and there is no clear evidence that the patient is suffering from true radiculopathy. The muscle weakness noted in the exam do not follow any specific nerve root and neither do her subjective complaints in the lower extremity. Records indicate the patient has been diagnosed with multiple sclerosis and her global lower extremity weakness and burning in the lower extremity would be more consistent with MS than radiculopathy. There is no documentation that the risks of steroids have been discussed with the patient. There is no documentation that the patient was made aware of the evidence that research provides limited evidence of effect with this medication. For this reason, the available recommendation does not support medical necessity. As such, my recommendation is for denial.