

Case Number:	CM15-0147253		
Date Assigned:	08/10/2015	Date of Injury:	10/13/1996
Decision Date:	10/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 65 year old female injured worker suffered an industrial injury on 10-13-1996. The diagnoses included cervical spondylosis with radiculopathy. The treatment included multiple neck surgeries and medication. On 6-24-2015 the treating provider reported neck symptoms were gradually worsening rated with medication 8 out of 10. She reported numbness of the fingers of the right hand with associated symptoms of neck pain to the right shoulder and right chest wall radiating down the right arm that was shooting pain and stabbing pain with throbbing so severe. On exam there was moderated tenderness over the cervical spine and back of neck along with tenderness of the upper back. There was markedly reduced range of motion. The injured worker had not returned to work. The requested treatments included Prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Corticosteroids.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1996. The medical course has included numerous treatment modalities including surgeries. The MD visit fails to justify the use of prednisone with regards to efficacy or potential side effects. This is not an acute injury with acute inflammation which the prednisone would target. NSAIDs are recommended for treatment but not oral steroids. The medical necessity of prednisone is not substantiated in the records.