

Case Number:	CM15-0171287		
Date Assigned:	09/18/2015	Date of Injury:	05/20/2015
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 injured worker is a 27 year old male who sustained an industrial injury on May 20, 2015. An initial orthopedic consultation visit dated July 09, 2015 reported current subjective complaint of bilateral low back pain radiating to left thigh and left lateral calf. Current medications consisted of: Tramadol, and Ibuprofen. The impression noted the worker with: bilateral L5 radiculopathy with lower extremity weakness; L4-5 disc herniation; L4-5 central stenosis; L5-S1 disc herniation, and lumbar facet joint arthropathy. The plan of care is with recommendation for the following: bilateral transforaminal epidural injections; prescriptions for Tramadol, Medrol, and Ibuprofen. Previous treatment to include: activity modifications, medications, acupuncture, chiropractic care, and physical therapy. A primary treating follow up visit dated May 22, 2015 reported chief subjective complaint of pain and or stiffness thoracolumbar back region. The plan of care noted dispensing: Relafen; initiate chiropractic care; utilize hot and cold packs, and administration of Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak #1: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, medrol dose pack.

Decision rationale: The ACOEM and the California MTUS do not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of acute inflammation and pain. The patient has symptoms and finding on exam compatible with acute pain. Therefore, the request is medically necessary.