

Case Number:	CM15-0172386		
Date Assigned:	09/14/2015	Date of Injury:	10/24/2002
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

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:

This is a 59 year old female with a date of injury of October 24, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet syndrome, cervical disc protrusion with facet arthropathy, and left shoulder supraspinatus tendinitis with moderate to severe acromioclavicular osteoarthritis and osteitis with joint effusion and synovitis. Medical records dated July 9, 2015 indicate that the injured worker complains of increased neck pain with flexion and extension for prolonged periods of time. A progress note dated August 6, 2015 notes subjective complaints of continued stiffness and soreness of the neck that is worse with looking up, and consistent shoulder pain that is under control with medications. Per the treating physician (July 9, 2015), the employee was unable to work. The physical exam dated July 9, 2015 reveals tenderness to palpation over the cervical facet joints bilaterally, left trapezius spasm and pain, left shoulder abduction to 90 degrees initiates shoulder pain, and normal strength of the bilateral upper extremities. The progress note dated August 6, 2015 documented a physical examination that showed recreation of classical neck pain with cervical extension, increased bilateral neck pain with Spurling's maneuver, limited motion with cervical flexion and bilateral rotation, left shoulder abduction to 80 degrees causes shoulder pain, and normal strength of the bilateral lower extremities. Treatment has included medications (Anaprox, Lexapro, Fexmid, Orudis, Neurontin, Tramadol, Menthoderm, Terocin patches, Norflex, Nalfon, and Maxalt since at least March of 2015), ThermaCare patches, home transcutaneous electrical nerve stimulator unit, and ice therapy. The original utilization review (August 21, 2015) non-certified a request for one Prednisone dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prednisone dosepak: Upheld

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 Official Disability Guidelines (ODG) Low back chapter and pg 18.

Decision rationale: The Neck chapter does not mention steroids for oral use. The low back chapter indicates that oral steroids are appropriate for those with radiculopathy. In this case, the claimant has neck pain without peripheral neurological abnormalities. There is no evidence of radiculopathy. The request for a prednisone pak is not medically necessary.