

<b>Case Number:</b>	CM15-0172421		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/13/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 38 year old female with a date of injury of February 13, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and large lumbar herniated nucleus pulposus at L5-S1 with neural foraminal narrowing. Medical records dated April 28, 2015 indicate that the injured worker complains of lower back pain rated at a level of 8 out of 10, persistent cramps and pain that radiate down both of the legs to the feet, worse on the left, and occasional severe muscle spasms in the back. Records also indicate that prolonged sitting or standing increases the pain. A progress note dated June 15, 2015 notes subjective complaints of lower back pain rated at a level of 9 out of 10 that radiates down the left leg to the foot, and severe muscle spasms in the back. Per the treating physician (May 26, 2015), the employee has not returned to work. The physical exam dated April 28, 2015 reveals decreased range of motion of the lumbar spine (flexion to 40 degrees, extension to 5 degrees, right lateral bending to 10 degrees, left lateral bending to 10 degrees), decreased motor strength of the bilateral tibialis anterior, extensor hallicus longus, and inverter, and positive straight leg raise bilaterally at 40 degrees. The progress note dated June 15, 2015 documented a physical examination that showed crying throughout the evaluation, tenderness to palpation in the bilateral lumbar paraspinous region, decreased range of motion of the lumbar spine (flexion to 30 degrees, extension to 5 degrees, right lateral bending to 10 degrees, left lateral bending to 10 degrees), decreased sensation in the L5 and S1 dermatomes, decreased motor strength of the left tibialis anterior, extensor hallicus longus, and inverter, and positive straight leg raise bilaterally at 40 degrees. Treatment has included six sessions of physical therapy with no relief,

medications (OxyContin in May of 2015; Tramadol since at least March of 2015; Prednisone in April of 2015), electromyogram-nerve conduction studies (May 4, 2015) that showed normal findings, and x-rays of the lumbar spine (April 28, 2015) that showed mild disc space narrowing at L5-S1. The original utilization review (July 25, 2015) non-certified a request for a Medrol dose pack.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medrol Dose Pack:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Corticosteroids (oral/parenteral/IM for low back pain).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Corticosteroids and pain chapter - pg 17.

**Decision rationale:** According to the guidelines, steroids are indicated for acute radicular symptoms. It is not indicated for chronic back pain. In this case, the claimant has had chronic back pain. The claimant has been on steroids for several months. Long-term use is not recommended. Current exam did not indicate radiculopathy. The request for Medrol Dose Pak is not medically necessary.