

<b>Case Number:</b>	CM15-0172869		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 54-year-old female with a reported date of injury of 11-16-2007. The diagnoses include headaches, cervical spine strain and sprain, cervical radiculopathy, thoracic spine strain and sprain, lumbar sprain and strain, lumbar radiculopathy, bilateral shoulder sprain and strain, and elevated blood pressure. Treatments have included chiropractic therapy, acupuncture and medications. The diagnostic studies to date included urine drug screen on 03-18-2015 with consistent findings; an MRI of the thoracic spine on 11-23-2014 which showed disc desiccation at T1-T1 down to T7-T8 and T10, focal central disc herniation at T8-9 and T9-10, hemangioma in T6 and T8 vertebrae; an MRI of the lumbar spine on 07-05-2014 which showed focal disc herniation at L4-5 and an element of myospasm; an MRI of the left shoulder and right shoulder on 11-21-2014 which showed osteoarthritis of the acromioclavicular, tendinosis of the supraspinatus and infraspinatus, tenosynovitis of the long head bicep tendon, small humeral head cysts of the left shoulder, and subcoracoid fluid in the left shoulder; and subacromial and subdeltoid and subcoracoid fluid in the right shoulder; and an MRI of the cervical spine on 07-05-2014 which showed disc desiccation at C4-5 down to C6-7 and disc protrusion. The progress report dated 06-12-2015 indicated that the injured worker's symptoms remained the same since the last examination. She continued to complain of constant headaches, rated 6 out of 10; constant neck pain with radiation to the bilateral upper extremities, rated 6 out of 10; constant mid back pain, rated 8 out of 10; constant low back pain with radiation to the lower extremities, rated 8 out of 10; and constant bilateral shoulder pain, ranged 6 out of 10. An examination of the cervical spine showed flexion at 40 degrees, extension at 35 degrees, right

lateral flexion at 25 degrees, left lateral flexion at 25 degrees, right rotation at 60 degrees, left rotation at 60 degrees, and negative bilateral Spurling's test. An examination of the right shoulder showed flexion at 100 degrees, extension at 25 degrees, abduction at 100 degrees, and adduction at 40 degrees. An examination of the left shoulder showed flexion at 100 degrees, extension at 20 degrees, abduction at 90 degrees, and adduction at 40 degrees. An examination of the lumbar spine showed flexion at 15 degrees, extension at 0 degrees, tenderness to palpation along the lumbar spine, positive bilateral straight leg raise test, and use of a single point cane. The objective findings also included decreased sensation to light touch over the C6 to C8 nerve root distribution on the right and decreased sensation to light touch over the L3 to L5 nerve root distribution on the left. The injured worker remained temporarily totally disabled until 08-06- 2015 with restrictions. The injured worker was only to perform light duty work. The treating physician requested Methylpred pak 4mg #21.

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

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

**Methylpred pak 4mg #21:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1) Neck and Upper Back (Acute & Chronic): Corticosteroids (oral/parenteral/IM for low back pain) 2) Low Back - Lumbar & Thoracic (Acute & Chronic): Procedure Summary - Low Back: Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** Methylprednisolone is a synthetic corticosteroid drug indicated to treat certain inflammatory diseases, including arthritis and short-term treatment of bronchial inflammation or acute bronchitis due to various respiratory diseases. It is also used to treat acute periods and periods of long-term management of autoimmune diseases such as systemic lupus erythematosus, and has been used as a treatment for multiple sclerosis. The MTUS does not comment on its use to treat chronic pain. It is available for administration via IV, IM, oral, rectal and topical routes. Packaging as an oral "dosepak" is done to treat acute acute exacerbations of disease. The Official Disability Guidelines (ODG) does not recommend the use of oral steroids in the treatment of chronic pain, except for Polymyalgia rheumatica (PMR) or acute radicular pain. This patient may have a radicular etiology for her pain (although this has not been fully established) but since there has not been any recent exacerbation of her pain symptoms there is no indication for use of a short course of steroids. Medical necessity for use of this medication has not been established. Therefore, the request is not medically necessary.