

<b>Case Number:</b>	CM15-0173747		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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 53 year old female, who sustained an industrial-work injury on 2-19-12. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having spinal stenosis of lumbar spine with neurogenic claudication, acquired spondylolisthesis, and other kyphoscoliosis and scoliosis. Treatment to date has included medication, surgery (L2-5 posterior lumbar decompression on 7-7-15, diagnostics, and physical therapy. Currently, the injured worker complains of bilateral lower extremity pain and difficulty walking. Medication includes Oxycontin, Ativan, Gabapentin, Amiodipine, Lisinopril, Pantoprazole, Cyclo-benzaprine, Venlafaxine, and Tramadol ER. Per the primary physician's progress report (PR-2) on 7-23-15, exam noted normal muscle strength except right tibialis anterior at 4 out of 5, extensor hallucis longus at 4 out of 5 and also peroneal at 4 out of 5, deep tendon reflexes of upper and lower extremities was graded 2 out of 4, left and right Achilles tendon reflex was graded 1 out of 4, diminished sensory testing to the left anteriolateral calf and dorsum of foot. On 7-28-15 per the QME evaluation, treatment plan noted staying away from anti-inflammatory medications over the next year as they affect bone healing. Current plan of care includes continue ambulation only and follow up. The Request for Authorization date was 8-18-15 and requested service included Medrol (pak) 4mg #1. The Utilization Review on 8-24-15 denied the request due to non-recommendation for chronic pain, per ODG (Official Disability Guidelines), Pain Management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol (pak) 4mg #1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids.

**Decision rationale:** ODG recommends against the use of corticosteroids to treat chronic pain. The medical progress notes state that the patient has acute inflammation for which the medrol is prescribed. There are no labs that indicate that an acute inflammatory process is present nor are there clinical findings that demonstrate an inflammatory process for which steroids are typically used. Medrol is not medically necessary.