

Case Number:	CM15-0179362		
Date Assigned:	09/21/2015	Date of Injury:	04/06/2000
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, Florida, 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 66 year old female, who sustained an industrial injury on 4-6-2000. The medical records indicate that the injured worker is undergoing treatment for lumbar disc pathology and lumbar radiculitis. According to the progress report dated 8-5-2015, the injured worker complains of sharp pain at the L4-L5 junction with radiation into the bilateral glutes without paresthesia. On a subjective pain scale, she rates her current pain 2 out of 10, best pain 2-3 out of 10, worst pain 9 out of 10, pain with medications 2-3 out of 10, and pain without medications 7-9 out of 10. The physical examination of the lumbar spine reveals mild-to-moderate tenderness to palpation and spasms over the L1 paravertebral muscles. There is tenderness to palpation over the sacral borders, sacroiliac joints, and sciatic notches. There are palpable step-off bony prominences at level L1 with mild scoliosis to the right and positive malalignment noted. The current medications are Norco, Lexapro, and Wellbutrin. Treatment to date has included medication management, ice, heat, physical therapy, home exercises, and MRI studies. Work status is described as retired; not working. The original utilization review (8-14-2015) had non-certified a request for Prednisone for flare-up to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prednisone 20mg #3 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Corticosteroids (oral/parenteral/IM for low back pain) (07/17/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, Oral Steroids.

Decision rationale: Key case points are as follows. The claimant was injured in 2000, now 15 years ago, with lumbar disc pathology and lumbar radiculitis. As of August, there was still sharp pain at the L4-L5 junction with radiation into the bilateral gluteals without paresthesia. There is tenderness to palpation over the sacral borders, sacroiliac joints, and sciatic notches. The prednisone was for a flare of lumbar spine pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding oral steroids, the ODG notes: Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013) Criteria is not met for the oral steroids. The request is not medically necessary.