

Case Number:	CM15-0065582		
Date Assigned:	04/13/2015	Date of Injury:	09/05/2014
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 66-year-old woman sustained an industrial injury on 9/5/2014. The mechanism of injury is not detailed. Evaluations include spine MRIs. Diagnoses include cervical radiculitis, cervical sprain/strain, lumbosacral or thoracic neuritis or radiculitis, lumbar degenerative disc disease, lumbar spine sprain/strain, and thoracic spine sprain/strain. Treatment has included oral and topical medications heat, and TENS unit. Physician notes dated 1/27/2015 show complaints of neck, bilateral shoulder, and back pain. Recommendations include Medrol dose pack, Oxycodone, follow up with primary care physician regarding laboratory work, and follow up in four weeks.

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 Treatment in Workers' Compensation Pain Procedure Summary; Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral corticosteroids, [.http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Oralcorticosteroids](http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Oralcorticosteroids).

Decision rationale: MTUS guidelines are silent regarding the use of corticosteroids for the treatment of chronic pain. The ODG guidelines do not recommend the use of steroids in chronic pain. Therefore, the prescription of Medrol dose pack is not medically necessary