

Case Number:	CM15-0072980		
Date Assigned:	04/23/2015	Date of Injury:	03/30/2004
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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, Alabama, 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:

The injured worker is a 46 year old female, who sustained an industrial injury on March 30, 2004. She has reported neck pain, back pain, shoulder pain, and headache. Diagnoses have included cervical spine disc displacement, lumbosacral disc herniation and stenosis, and internal derangement of the shoulder. Treatment to date has included medications, injections, right shoulder surgery, therapy, epidural steroid injection, cervical spine fusion, and imaging studies. A progress note dated March 11, 2015 indicates a chief complaint of shoulder pain that is about the same, headache, and neck pain. The treating physician documented a plan of care that included and ear, nose and throat specialist consultation, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Medrol Dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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 Dosepak is not medically necessary.