

<b>Case Number:</b>	CM15-0079140		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 40 year old male who sustained an industrial injury on 9/29/14. The injured worker reported symptoms in the back. The injured worker was diagnosed as having bilateral S1 radiculopathy, lumbar disc protrusion, lumbar stenosis, right sacroiliac joint pain and lumbar sprain/strain. Treatments to date have included rest, medication, and stretching. Currently, the injured worker complains of pain in the back with radiation to the bilateral lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose pack #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, medrol dosepack.

**Decision rationale:** The California MTUS, ACOEM and the ODG do not specifically address the requested service. Per the physician desk reference, the requested medication is a steroid indicated for multiple uses including acute pain associated with injury or inflammation. The request meets these criteria for use of the medication and therefore is medically necessary.