

Case Number:	CM15-0096399		
Date Assigned:	05/26/2015	Date of Injury:	09/12/2006
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 61-year-old male, who sustained an industrial injury on 9/12/06. The injured worker was diagnosed as having osteoarthritis of the knee, opioid dependence, degeneration of lumbosacral intervertebral disc, neck pain, and lumbar post-laminectomy syndrome. Treatment to date has included 3 lumbar spine surgeries, a lumbar epidural steroid injection, and medication. Currently, the injured worker complains of back pain. The treating physician requested authorization for a Medrol dose pack 4mg. The treating physician noted a Medrol dose pack is needed for flair up and to avoid the use of additional opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack 4mg: 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- Oral Corticosteroids.

MAXIMUS 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 - Steroids Pain - Steroids.

Decision rationale: MTUS Guidelines do not recommend oral steroids in for the treatment of low back pain. ODG Guidelines provide additional details that allow for oral steroid use of acute new onset radiculitis however, this individual does not meet this Guideline exception as his radicular pain is chronic and neuropathic (post laminectomy syndrome). ODG Guidelines also address the use of oral steroids for chronic pain management for flare-ups and their use is not recommended. Guidelines do not support the use of Medrol 4 mg dose pack, it is not medically necessary.