

Case Number:	CM14-0147245		
Date Assigned:	09/15/2014	Date of Injury:	07/11/2013
Decision Date:	10/22/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported a date of injury of 07/11/2013. The mechanism of injury was indicated as a fall. The injured worker had diagnoses of right shoulder rotator cuff tear, L5-S1 disc degeneration, L4-S1 facet arthropathy, left leg radiculopathy, trigger finger, and postoperative right carpal tunnel syndrome. Prior treatments included physical therapy, lumbar epidural injections, and lifestyle modifications. The injured worker had x-rays of the right shoulder, wrist, and hand on 04/07/2014, with unofficial reports indicating normal studies. An MRI of the cervical spine on 04/23/2014 with the official report indicating multilevel segmental degenerative changes, disc protrusions associated with facet and uncinete hypertrophy, no significant compromise of the neural foramina or central canal, and mildly heterogeneous marrow. Surgeries were not indicated within the medical records received. The injured worker had numbness and tingling of the right hand/wrist and fingers, with the pain rated 4/10, lower back pain that radiated into the left buttock and down the left calf with numbness and, burning pain in the bilateral thighs and groin. The clinical note dated 06/23/2014 noted the injured worker had tenderness to palpation of the lumbosacral junction bilaterally and over the coccyx and, decreased sensations over the left L4 and L5 dermatomal distribution. The injured worker's range of motion of the lumbar spine was 21 degrees of flexion, 7 degrees of extension with pain, 23 degrees of left lateral bending, and 12 degrees with right lateral bending. Medications included Norco. The treatment plan included the physician's recommendation for the injured worker to see a pain management clinic and to follow-up in 4 to 6 weeks. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Medrol Dose Pack (DOS 7-15-14): 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The request for retrospective usage of Medrol Dosepak, date of service 07/15/2014, is not medically necessary. The injured worker had complaints of low back and sacral pain. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend corticosteroids in limited circumstances for acute radicular pain. It is not recommended for acute non-radicular pain or chronic pain. There is extremely limited evidence to recommend oral corticosteroid for acute radicular pain. Patients should have clear-cut signs and symptoms of radiculopathy. Risks of steroids should be discussed with the patient and documented in the patient's medical record. The patient should be aware research provides limited evidence of effect with this medication, and this should be documented in the record. Current research indicates early treatment is most successful. Treatment in the chronic phase of injury should generally be after a symptom free period with subsequent exacerbation or when there is evidence of a new injury. There is a lack of documentation the injured worker was informed of the risks associated with steroids. The guidelines indicate early treatment is most successful with steroids; however, the injured worker sustained the injury in 07/2013. There is a lack of evidence indicative the injured worker was symptom free and was experiencing an exacerbation or evidence indicating the injured worker sustained a new injury. Additionally, the request as submitted did not specify a dose or frequency of the medications' use. As such, the request is not medically necessary.