

Case Number:	CM14-0072672		
Date Assigned:	07/16/2014	Date of Injury:	02/10/2014
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 patient is a 34 year old male with date of injury 2/10/14 that occurred while driving a man lift that struck a curb and jarred the patient. The treating physician report dated 4/18/14 indicates that the patient presents with lower back pain that is constant and rated a 4-9/10 with radiation of pain into the left leg. MRI dated 4/3/14 reveals L3/4 DDD with small annular tear and tiny central disc protrusion with mild central canal narrowing to 7mm. At L4/5 there is a small disc herniation on the left affecting the left L5 nerve root. Examination findings reveal slightly decreased lumbar ranges of motion, 1+ DTRs of the lower extremities and positive SLR on the left and right at 60 degrees. The current diagnoses are: Lower back pain; Lumbar disc derangement; and Left L5 nerve impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The patient presents with sub-acute lower back pain rated a 4-9/10 with radiation of pain into the left leg. The current request is for L4-L5 Lumbar Epidural Steroid Injection. The treating physician has documented that the patient has positive physical examination findings that are corroborated by the MRI scan performed on 4/3/14. The patient has been unresponsive to physical therapy treatments and medication management. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case the provider has met the necessary criteria as outlined in the MTUS Guidelines. Therefore, L4-L5 Lumbar Epidural Steroid Injection is medically necessary.

Levophanol 2mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Levorphanol Page(s): 92.

Decision rationale: The patient presents with sub-acute lower back pain rated a 4-9/10 with radiation of pain into the left leg. The current request is for Levophanol 2mg #60. The treating physician report dated 4/8/14 states that he is not receiving adequate pain relief. He has failed oxycodone, hydrocodone, cyclobenzaprine and Baclofen. He had a significant allergic reaction to naproxen. This request is an initial request for the usage of this opioid for the treatment of moderate to severe pain. The MTUS Guidelines support the usage of Levorphanol. In this patient the treating physician has clearly documented that the previous trials of medications listed above were ineffective for the management of the patient's pain. The treating physician feels that a trial of Levorphanol is appropriate and MTUS supports the usage of this medication. Therefore, Levophanol 2mg #60 is medically necessary.