

Case Number:	CM14-0032089		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2010
Decision Date:	08/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 10/07/2010. The mechanism of injury was not documented in the submitted report. The injured worker complained of low back and leg pain, worse in the left leg than the right. The injured worker rated his pain at a 4-8/10. The injured worker described his pain as constant and sharp. He stated that the pain was worse with activity and better with rest. He stated that it radiated down to the right leg. The physical examination dated 03/04/2014 revealed that the injured worker had pain to palpation on the right at L4-5. He also had limited range of motion secondary to pain. He revealed a motor strength of +4/5 on the right side. He had a normal sensation to light touch bilateral to the lower extremities. His deep tendon reflexes were 2+ and equal bilaterally, knees and ankles. He had a straight leg raising on the right side with extension at 90 degrees, which caused pain that radiated into the right leg. An MRI of the lumbar spine dated 11/08/2012 revealed the presence of a disc protrusion at L4-5 causing a spinal stenosis and foraminal impingement on the left side. The right side was widely opened. L5-S1 was intact. There was a mild concentric disc bulge at L3-4; however, clinically this did not appear to be causing pain. There were also adjacent mild discogenic changes at L3-4, L2-3, and L1-2; however, they did not appear to be very symptomatic. The L4-5 appeared to be the main area of symptomatic clinical finding. The injured worker has diagnoses of left L4-5 disc herniation occurrence and right leg radiculopathy/radiculitis. Past treatments for the injured worker includes physical therapy, modification of activities, epidural steroid injections, transforaminal injections, medication and pain management therapy. The current medications include Norco 10/325 mg and Tizanidine 4 mg. The current treatment plan is to continue medication, request authorization for an MRI to evaluate disc herniation, nerve impingement, stenosis, annular tear, facet pathology, degenerative segments and delineate anatomy in consideration for future selective spinal injections.

Furthermore, the provider is also requesting interferential therapy to reduce the pain of the injured worker. The rationale given is to make sure that there are no surgical indications and if so, to make sure the injured worker can continue with pain and rehab consultants. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI and interferential therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page(s) 118,119 Page(s): 118, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: The injured worker is a 41-year-old male who reported an injury on 10/07/2010. The mechanism of injury was not documented in the submitted report. The injured worker complained of low back and leg pain, worse in the left leg than the right. The injured worker rated his pain at a 4-8/10. The injured worker described his pain as constant and sharp. He stated that the pain was worse with activity and better with rest. He stated that it radiated down to the right leg. The physical examination dated 03/04/2014 revealed that the injured worker had pain to palpation on the right at L4-5. He also had limited range of motion secondary to pain. He revealed a motor strength of +4/5 on the right side. He had a normal sensation to light touch bilateral to the lower extremities. His deep tendon reflexes were 2+ and equal bilaterally, knees and ankles. He had a straight leg raising on the right side with extension at 90 degrees, which caused pain that radiated into the right leg. An MRI of the lumbar spine dated 11/08/2012 revealed the presence of a disc protrusion at L4-5 causing a spinal stenosis and foraminal impingement on the left side. The right side was widely opened. L5-S1 was intact. There was a mild concentric disc bulge at L3-4; however, clinically this did not appear to be causing pain. There were also adjacent mild discogenic changes at L3-4, L2-3, and L1-2; however, they did not appear to be very symptomatic. The L4-5 appeared to be the main area of symptomatic clinical finding. The injured worker has diagnoses of left L4-5 disc herniation occurrence and right leg radiculopathy/radiculitis. Past treatments for the injured worker includes physical therapy, modification of activities, epidural steroid injections, transforaminal injections, medication and pain management therapy. The current medications include Norco 10/325 mg and Tizanidine 4 mg. The current treatment plan is to continue medication, request authorization for an MRI to evaluate disc herniation, nerve impingement, stenosis, annular tear, facet pathology, degenerative segments and delineate anatomy in consideration for future selective spinal injections. Furthermore, the provider is also requesting interferential therapy to reduce the pain of the injured worker. The rationale given is to make sure that there are no surgical indications and if so, to make sure the injured worker can continue with pain and rehab consultants. The request for authorization form was not submitted for review.