MAXIMUS Federal Services

| Case Number: | CM13-0070706 | | |
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| Date Assigned: | 01/08/2014 | Date of Injury: | 11/06/2013 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

## 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 Occupational 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 patient is a 30 year old female who was injured on 11/06/2013. She injured her neck and lower lumbar region when she tripped while going down a hill doing security checks and landed onto her buttocks. Now she complains of neck and low back pain. Prior treatment history has included physical therapy, Naproxen, Vicodin, and Ultram. Diagnostic studies reviewed include x-rays dated 11/12/2013 of the cervical spine complete with oblique revealing no obvious fracture or loss of lordotic curve. X-ray of the lumbar spine shows no obvious or fracture or loss of lordotic curve and x-ray of the sacrum and coccyx shows noobvious fracture. PR2 dated 11/26/2013 indicates the patient complains of worsening pain since the last visit, especially after her first physical therapy session. Her neck pain is worse, rating it as an 8/10, with tightness, throbbing, achy, sharp, and constant in nature. She has back pain, rated as 10/10, that is sharp, tight, cramping, and constant in nature. The pain increases with any movement, bending, prolonged sitting, and prolonged walking/standing. The patient states she is having a hard time doing daily duties due to the pain. The pain decreases with rest. She denies numbness and tingling, weakness, edema, ecchymoses, bowel or bladder incontinence or saddle anesthesia. On exam, muscle strength and tone are normal bilaterally with normal gait. The neck is diffused bilaterally at C4-C6 transverse spinous process tenderness to palpation. She has limited range of motion in all planes secondary to pain; posterior spinous process bilaterally is nontender to palpation. The paravertebral spasm andfullness (to it only) with positive trap tenderness to palpation bilateral. The back reveals tenderness at T1-L5 bilateral transverse spinous process. There is paravertebral tenderness and back muscle spasm (to it only). She is able to flex to the knees; extension is restricted to 10 degrees; side bending between thigh and knee; rotation is normal; straight leg raise is positive bilaterally at 15 degrees. The patient would not perform toe/heel or squat due to the patient's pain. The SI joint is nontender to palpation bilateral and gait

is antalgic. Neuro exam is normal. Deep tendon reflexes are 2+/4 equal and symmetrical in bilateral upper and lower extremity; strength is 5+/5 equal and symmetrical in bilateral upper and lower extremity. Diagnoses are sprain of the neck, sprain of the lumbar region and buttock contusion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI C-SPINE AND LUMBAR SPINE W/O CONTRAST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." In this case, the records submitted for review indicates that the patient reported constant neck and back pain but denied any radiation of pain, numbness, tingling, or weakness. Also, there was no documentation of neurological deficits on physical exam consistent with nerve compromise or radiculopathy to warrant further imaging studies. The neurologic exam was noted as 2+/4 equal and symmetricalDTRs, 5/5 strength and normal sensation in bilateral upper and lower extremities. The request for MRI C-Spine and Lumbar Spine is not medically necessary.