

<b>Case Number:</b>	CM14-0107061		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 family 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 47 year old female who had a work related injury on 09/21/13. On that date she slipped in a wet field and landed on her back. Physical examination on 05/19/14 demonstrated relatively fluid movement patterns, moving from seated to standing position and standing to lying position in exam room. She was able to stand erect and described pain localized to the low lumbar spine, slightly to the right of midline and spinous processes, extending into the upper gluteals and to coccyx. She indicated that any template for flexion aggravated her pain and trying to move from standing to sitting position was more painful than from seating setting to a standing position. She additionally had pain on walking and demonstrated antalgic gait pattern favoring the right leg. She further described inability to perform toe and heel walking or deep knee bend. Cervical range of motion showed approximately 45 degrees of flexion, 60 degrees of extension, and 65 degrees of rotation left and right. Thoracolumbar spine range of motion was limited to approximately 30 degrees in combination of hip rotation of lumbar spine flexion. She had marked tenderness in the paraspinals throughout the thoracic spine and lumbar spine and gluteals. She had slightly greater than slightly greater right than left gluteal tenderness with trigger points in appropriate referrals. Neurological examination showed intact light touch and temperature sensibility throughout all dermatomes tested. Deep tendon reflexes were 1+ bilaterally symmetrical in the biceps triceps brachioradialis patella and Achilles tendon. She had 5/5 muscle strength in the upper extremities and lower extremities. Negative slump test and negative straight leg raise. Diagnoses; chronic low back and sacral coccygeal pain. Sacral coccygeal contusion. Possible lumbar degenerative disc disease. Reactive myofascial pain syndrome paraspinous and bilateral gluteal musculature. Since the time of the fall she had persistent intermittent menometrorrhagia, she has previously undergone menopause approximately four years earlier. She described bleeding as spotting, but

necessitating her using sanitary pads on daily basis whereas previously she had not used any such pads. Her treatment had been limited to initial emergency evaluation and subsequent chiropractic visits, 12 in number, and approximately 12 visits of physical therapy with no specific diagnostic testing. She denied any x-rays, MRIs, or other testing. She indicated she had not had any internal exacerbation of vagina to look for source of the spotting and further described she had no other direct treatment offered towards either the bleeding problem or her persistent pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gynecologic Evaluation QTY:1 (per Report 05/19/2014): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7 Independent Medical Examination and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

**Decision rationale:** The request for Gynecologic Evaluation QTY:1 is medically necessary. The clinical documentation submitted for review does support the request. Since the time of the fall she had persistent intermittent menometrorrhagia, she has previously undergone menopause approximately four years earlier. She described bleeding as spotting, but necessitating her using sanitary pads on daily basis whereas previously she had not used any such pads. As such, medical necessity has been established.