

<b>Case Number:</b>	CM14-0020662		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 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 patient is a 42 year old female who was injured on 11/09/2013 while she was lifting boxes of product weighing approximately 30 pounds when she felt pain in her neck that radiated downward. Prior treatment history has included the patient having 3/6 chiropractic treatments without any help. She received an injection of Ketorolac into the right buttock. Progress report dated 12/13/2013 documented the patient's condition improved since the last exam. Patient is complaining of lumbar pain. She described the symptoms as dull. She says it is moderately severe. She reports having symptoms for 34 days and the frequency is constant. The patient denies paresthesias. She states the back pain does not radiate. The patient denies limitations to motion of the back and denies any leg weakness. The patient states there is no numbness or tingling in the lower extremities. Objective findings on exam reveal the patient ambulates with a normal gait, full weight bearing on both lower extremities. There is no weakness of the lower extremities. There are no spasms of the thoracolumbar spine and paravertebral musculature. There is tenderness of the paravertebral musculature. There is no tenderness of the thoracolumbar spine. There is no restriction of motion of the back. Heel/toe ambulation is performed without difficulty. Bilateral patellar and Achilles deep tendon reflexes are 2/4. Sensation is intact in all dermatomes of the bilateral lower extremities. Additional Treatment: Referred for chiropractic therapy three times a week for 2 weeks. PMR New Patient Evaluation dated 01/22/2014 documents the patient with complaints of pain in her neck. She reports persistent back pain that radiates down both buttocks. The patient is not taking any medication. She exercises regularly. Objective findings on exam reveal a right-sided antalgic gait, stooped gait and wide-based gait. Sitting and standing postures are normal. Examination of the lumbar spine reveals on palpation, paravertebral muscles, tenderness is noted on both sides. Straight leg raise test is positive on the right side in supine position at 60 degrees and on the left side in

supine position at 60 degrees. Ankle jerk is on the right side and on the left side. Patellar jerk is on the right side and on the left side. Muscle strength is 5/5 of all muscle groups. Light touch sensation is normal all over the body. Waddell's signs are negative.

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

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

**LUMBAR MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. According to the Progress report dated 12/13/2013, the patient's condition had improved since the previous exam. She denied paresthesias or any symptoms in the lower extremities. Objective findings on exam reveal the patient ambulates with a normal gait, full weight bearing on both lower extremities. There is no weakness of the lower extremities, normal heel/toe ambulation, 2/4 reflexes and intact sensation. According to the PMR New Patient Evaluation dated 01/22/2014, the patient complains of pain in her neck and reports persistent back pain that radiates down both buttocks. The patient is not taking any medication and exercises regularly. Examination noted right and left reflexes of the lower extremities. Plan of treatment included pain medications. Although asymmetrical reflexes are noted, the medical records do not establish this patient has failed to respond to conservative measures. She has no motor or sensory deficits, does not take any medication and is able to exercise on a regular basis. There does not appear be clear evidence of a red flag sign or indication that the patient is a surgical candidate. The request for lumbar MRI is not clinically indicated.