

<b>Case Number:</b>	CM14-0153561		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Neurologist 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 71-year-old male who reported injuries due to a slip and fall on a wet floor then hitting his head on a concrete floor on 01/28/2013. On 08/25/2014, his diagnoses included L5 on S1 spondylolisthesis due to bilateral spondylosis, neural foraminal stenosis of the lumbar spine, lumbar spinal stenosis, lumbar disc bulge, cervicalgia, cervical neural foraminal stenosis, and ataxic gait with weakness. His complaints included cervical, right shoulder and low back pain radiating into both buttocks with intermittent numbness and tingling in both legs. Additionally, he reported some instability and weakness when walking. The progress note stated that his spondylolisthesis at L5-S1 is thought to contribute somewhat to his symptoms; however, the ataxic gait may suggest more of a central issue. An MRI of the lumbar spine revealed grade II L5-S1 spondylolisthesis. A thoracic MRI had been ordered, but the results were not included in the submitted documentation. An EMG/nerve conduction study had been requested, but it was denied. It was felt that his neurological changes required evaluation by a neurologist to evaluate his ataxic gait and weakness in his lower extremities. A Request for Authorization dated 08/26/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 77-89 292-296..

**Decision rationale:** The request for neurology evaluation and treatment is not medically necessary. Per the California ACOEM Guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The guidelines go on to state that the neurological examination focuses on a few tests that reveal evidence of nerve root impairment, peripheral neuropathy or spinal cord dysfunction. There was no evidence in the submitted documentation that a thorough neurological examination had been performed by his primary treating physician. The need for a referral to a neurologist was not clearly demonstrated in the submitted documentation. Therefore, this request for neurology evaluation and treatment is not medically necessary.