

<b>Case Number:</b>	CM14-0191880		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 injured worker (IW) is a 66-year-old man with a date of injury of October 20, 2013. The IW was cleaning up the deli at his place of work when he slipped and fell and hit his head and forearm on the ground. Pursuant to the October 23, 2014, the IW complains of weakness to the left foot and leg, along with low back pain rated 8/10. He has complaints of headache with ringing in the ears, and decreased hearing ability. Physical examination revealed tenderness, decreased range of motion, and spasms of the lumbar spine. The provider documents weakness at left L5, and left foot drop. There was no objective physical findings regarding headaches, or ringing in the ears. No other physical examination findings were documented. The IW has been diagnosed with lumbosacral neuritis or radiculitis. The treatment plan includes open MRI of the lumbar spine to rule out herniated nucleus and neurology consult for closed head injury. The provider recommends continued treatment with the psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) outpatient neurology consultation:** Upheld

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

**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 127

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, outpatient neurology consultation is not medically necessary. The guidelines state occupational health practitioner may refer to other specialists for diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability and permanent residual loss and or fitness for return to work. In this case, the injured worker is 66 years old with a date of injury October 20, 2013. He sustained injuries to his head and forearm with headaches. November 5, 2014 progress note from the treating psychologist makes a treatment recommendation that a neurology clearance is required for headache complaints. The primary treating physician did not follow up document headaches or discuss the need for headache workup. There were no neurologic deficits present nor with any mental status changes at the time of the head injury. There is no documentation in the medical record to support additional expertise in the treatment of the injured worker's headaches. Additionally, the utilization review physician indicates the injured worker has already seen a neurologist (unable to locate documents). It was unclear why an additional neurology consultation is required. Consequently, outpatient neurology consultation is not medically necessary.