

<b>Case Number:</b>	CM15-0130380		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old female who sustained an industrial injury on 07/07/2014. Mechanism of injury occurred when transferring a patient after a shower and lost their balance and went down to the floor injuring her back. Diagnoses include Grade 1 spondylolisthesis at L4-5-rule out instability, and facet arthropathy at L4-5 and L5-S1 with herniated disc. She has co-morbidities of diabetes and has a heart attack in 2010. Treatment to date has included diagnostic studies, physical therapy, and acupuncture. A Magnetic Resonance Imaging of the lumbar spine done on 08/15/2014 revealed severe facet arthropathy present at L4-L5, with subarticular stenosis bilaterally right greater than left. There is a herniated disc at L5-S1 with right paracentral facet arthropathy at L5-S1. There is grade 1 spondylolisthesis at L4-L5, and bilateral neural foraminal narrowing at L4-L5, and left foraminal narrowing at L5-S1. A physician progress note dated 05/13/2015 documents the injured worker has constant low back pain and with radiation into the left hip. She has numbness and tingling in both legs. She currently experiences constant throbbing, sharp pain across her low back, about waist level, radiating into the left hip and both legs, greater on the left with numbness and tingling in her left leg. She has recently developed urinary incontinence. Her lumbar spine has tenderness and muscle spasm, and flexion is decreased. She has hip tenderness. The treatment plan includes an Electromyography to the bilateral lower extremities and an outpatient follow up consultation for spine surgery. Treatment requested is for Neurology Evaluation, and X-ray of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Medscape Adult Psychiatric History and Examination Introduction and Overview.

**Decision rationale:** The injured worker sustained a work related injury on 07/07/2014. The medical records provided indicate the diagnosis of Grade 1 spondylolisthesis at L4-5-rule out instability, and facet arthropathy at L4-5 and L5-S1 with herniated disc. Treatments have included physical therapy, and acupuncture. The medical records provided for review do not indicate a medical necessity for Neurology Evaluation. The medical records indicate the injured worker is under the care of an orthopedics spine specialist and a psychiatrist; therefore, additional referral to neurologist is not medically necessary. According to Medscape, some of the roles of physiatrist are: 1) taking a comprehensive history and physical examination for medicolegal cases; (2) performing musculoskeletal examinations for sports team physicals; (3) performing electrodiagnostic studies of almost every type of disease or condition involving the musculoskeletal and nervous system[3] ; (4) using semi-invasive (i.e., nonsurgical) procedures for the diagnosis, treatment, and management of pain. The MTUS recommends the clinician to provide appropriate medical evaluation and treatment and while adhering to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The request is not medically necessary.

**X-ray of the lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Medscape Spondylolisthesis Imaging.

**Decision rationale:** The injured worker sustained a work related injury on 07/07/2014. The medical records provided indicate the diagnosis of Grade 1 spondylolisthesis at L4-5-rule out instability, and facet arthropathy at L4-5 and L5-S1 with herniated disc. Treatments have included physical therapy, and acupuncture. The medical records provided for review do indicate a medical necessity for X-ray of the lumbar spine. The medical records indicate the injured worker has suspected to have Spondylolisthes with possibility of instability based on findings from two previous X-rays and MRI. The MTUS considers Spondylolisthesis with instability as one of the conditions that may warrant surgery. Therefore, it is medically necessary to confirm this diagnosis. The Medscape states that visualization of spondylolisthesis on standard radiographs, particularly lateral plain radiographs, confirms the presence of the condition. The etiology may not be readily evident, and other modalities may be needed for elucidation. The request is medically necessary.