

Case Number:	CM13-0043921		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2011
Decision Date:	02/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty Neuro-Oncology and is licensed to practice in Texas, Ohio and Massachusetts. 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 physician 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 54-year-old injured worker who reported an injury on 04/25/2011. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include right labyrinthine concussion, resolved; cervical strain with cervical disc disease, improved; status post right knee surgery; muscle contractions and vascular headaches in the area of right greater occipital nerve; and hypersensitivity to light that may be consistent with Irlen syndrome. The patient complained of chronic migraines that occurred 2 times or 3 times a week and would last several hours at a time. The patient is not able to get relief from her migraines with generic medications, so Maxalt was ordered and has been beneficial. The Maxalt is prescribed as Maxalt MLT 10 mg 1 tablet at the onset of migraine headaches. The patient continued to have normal strength, sensation, and reflexes in her upper and lower extremities with light sensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Irlen syndrome screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Source: The Pattern Glare Test - <http://www.ncbi.nlm.nih.gov/pubmed/18565084>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lopez, M. G., & Kelly, G. R. (2013). U.S. Patent No. 8,497,868. Washington, DC: U.S. Patent and Trademark Office.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address Irlen syndrome or Irlen syndrome screening. According to an article written by M.G. Lopez and G.R. Kelly, it is noted that Irlen syndrome refers to a hypersensitivity to contrast and repetitive patterns, including lines of print on a page. Sensation is heightened as the contrast of the page increases. As previously mentioned, the patient does suffer from frequent migraines, and most patients with migraines also suffer from a light sensitivity and photophobia at times when they have the headaches. It is also noted that bright lights can bring on migraines in several patients. The treatment of "visual stress" with special lenses is experimental. The requested procedure is not a customary procedure that is performed for migraine patients. The medical necessity for the requested service cannot be determined at this time as the patient's signs and symptoms are all correlated with the diagnosis of migraine headaches. The request for Irlen syndrome screening is not medically necessary and appropriate.