

<b>Case Number:</b>	CM13-0063269		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Ophthalmology 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 47 year old female who was injured on 09/07/2010. She developed symptoms of dizziness, nausea, headaches, extreme fatigue and depression. She had been exposed to carbon monoxide over an extended period of time. Prior treatment history has included speech therapy. Progress report dated 09/25/2013 documented a Fixation Disparity Test revealing no vertical or horizontal fixation disparities were present at distance and near. Visual Evoked Potential: This is an electro-diagnostic test that measures the brain waves associated with the visual pathway. Recorded is the amplitude of the visual response to a visual stimulus, as well as, the latency (time the potential takes to reach the occipital lobe). It demonstrated significant increased amplitudes for the right eye compared to the results of the left eye. This was consistent for all special frequencies tested. More significant were the results of the binocular testing in which the low spatial frequency (16 x 16) did not demonstrate an increase in amplitude over the monocular testing. In order for this to be considered a normal (Visual Evoked Potential) VEP there would have been summation of the binocular response compared to the monocular findings. Visual Balance Test: No sway or imbalance present during the test. Clinical Assessment: The (Visual Evoked Potential) VEP testing indicates the patient can benefit from application of base in prism and binasal occlusion in the overall treatment protocol. There was a significant increase in the amplitudes with these applications. The abnormal (Visual Evoked Potential) VEP is the result of lack of summation of the binocular findings compared to monocular findings. Application of base in prism and binasal occlusion demonstrated improved ambulation in the office setting. The patient felt improvement with the field expansion during the obstacle course testing and was less dizzy in the process. During reading she was more comfortable and was able to keep her place much easier with the binasals. Prescribing two separate pairs of glasses one for walking and one for near point will help to improve functional mobility and near point efficiency. Clinical

Impression: 1.Abnormal visual evoked potential 2.Visual discomfort/photophobia 3.Vestibular dysfunction 4.Visual field constriction 5.Headaches 6.PresbyopiaRecommendations: 1.Single vision distance prescription with binasal occlusion and base in prism to help with spatial orientation. 2. Single vision near point prescription with binasals and base prism to help with reading and near point work. UR report dated 12/04/2013 denied the request for prescription glasses x2 reading/near point Rx and distance Rx because literature failed to reveal data from well-designed studies that supports the medical necessity of such spectacles. The optometric records do not support the need for a second pair of prescription glasses to allow the claimant to perform basic activities of daily living.

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

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

#### **PRESCRIPTION GLASSES x2 - READING/NEAR POINT AND DISTANCE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Review of Ophthalmology, 2nd Edition Chapter 4, page 54.

**Decision rationale:** The American Academy of Ophthalmology does not recommend use of glasses for abnormal VEP results. In addition, there is no evidence that carbon monoxide poisoning can lead to refractive error and the need for glasses wear. The tests or treatments provided by the optometrist provider are not medically necessary and are not supported by scientific ophthalmology literature and outside of the standard of care advocated by American Academy of Ophthalmology. Therefore, the request for two (2) prescription glasses - reading/near point and distance is not medically necessary and appropriate.