

Case Number:	CM14-0100887		
Date Assigned:	09/16/2014	Date of Injury:	10/14/2008
Decision Date:	11/04/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 applicant is a represented [REDACTED] drywall finisher who has filed a claim for chronic neck pain, dizziness, headaches, and blurred vision reportedly associated with an industrial injury of October 14, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and apparent introduction of bifocal glasses. In a Utilization Review Report dated June 19, 2014, the claims administrator denied a request for vision therapy treatment and visual therapy re-evaluation. The claims administrator apparently denied the request on causation grounds, stating that there was "no relationship of his complaints to his accident." The claims administrator also invoked non-MTUS Guidelines at the bottom of its report but did not incorporate said non-MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, it was stated that the applicant was having difficulty bouncing his eyes with closed activities and dark environment. On May 29, 2014, the claimant was again described as having issues with dizziness and headaches, reportedly improved with glasses issued by a neuro-optometrist. The claimant was placed off of work, on total temporary disability. The claimant was asked to increase his dosage of Elavil and try Cymbalta. On April 10, 2014, it was suggested that the applicant consult an optometrist as there was some thought that the applicant's visual issues were contributing to and/or exacerbating his vestibular symptoms. It was also thought that the applicant's mental health issues were also contributing to and exacerbating his vestibular symptoms/symptoms of dizziness. The note was somewhat difficult to follow and mingled old complaints with current complaints. However, it was suggested that the applicant had resumed driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vision therapy treatment for bilateral eyes for 8 one hour sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Head, Vision evaluation; Recommended

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98-99.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy may require "verbal, visual, and/or tactile instructions." In this case, the attending provider's documentation, while at times difficult to follow, does seemingly suggest that the applicant is having some issues with balance and heightened vestibular dysfunction which have arisen following introduction of recent bifocal lenses/multifocal lenses. Obtaining eight sessions of visually intense therapy to ameliorate the applicant's balance is in-line with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis, the issues seemingly present here. Therefore, the request is medically necessary.

One (1) progress evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8..

Decision rationale: As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. A follow-up visit to ensure that the visual therapy is effective is indicated to assess the presence or absence of functional improvement. Therefore, the request is medically necessary.