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| Case Number: | CM14-0078589 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/21/2014 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 is a 51-year-old female who was reportedly injured on February 21, 2014. The mechanism of injury was noted as a blunt force trauma to the right eye (punched by patient). The most recent progress note dated May 7, 2014, indicated that there were ongoing complaints of facial pain, right eye irritability, insomnia, headaches and snoring. The physical examination demonstrated a positive Tinel's test on the right occipital nerve, right orbital and global tenderness to palpation and a mild exophthalmos. Diagnostic imaging studies objectified a right medial wall orbital fracture. Previous treatment included conservative care and analgesic medications. A request was made for a consultation, injection of supraorbital nerve, a polysomnogram, electroencephalography and Norco and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro- Ophthalmology referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

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: When noting the date of injury, the reported mechanism of injury, the findings that are now objectified with the progress note not previously presented, there is a clinical indication to get an ophthalmology consultation. A fracture of the orbit is noted, and there are changes in both the nerve. As such, this is an unusually complex clinical situation requiring the expertise of a specially trained provider. Therefore, based on the information now available, this request is medically necessary.

Injection Supra Orbital Nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Eye chapter, updated June 2014.

Decision rationale: This is an individual who received a blunt force trauma to the eye. A fracture is noted. However, a consultation with an ophthalmology specialist (which has now been determined to be medically necessary) has not been completed. As such, such interventions are premature. Therefore, this request is not medically necessary.

Polysomnogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 416-417.

Decision rationale: This injured worker sustained a blunt force trauma to the eye. There were complaints of pain involving the right eye. There were no complaints noted relative to sleep apnea and it is clear that this mechanism of injury was not a causative for any obstructive sleep issues. Therefore, based on the complete lack of narrative in the progress notes relative to this topic and reviewing the patient management section of the American College of Occupational and Environmental Medicine guidelines for ocular injuries, there is no clinical indication to determine the medical necessity of this type of study addressing an ordinary disease of life. Therefore, this request is not medically necessary.

Electroencephalography: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): electronically cited.

Decision rationale: When noting the mechanism of injury sustained, the lack of any specific clinical indication indicating intracranial injury and by the parameters outlined by the American College of Occupational and Environmental Medicine guidelines, there is no data presented to establish the medical necessity for such an assessment and therefore, the request is not medically necessary.

Norco 5/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a short acting opioid indicated for the management of moderate to severe breakthrough pain. This is a gentleman who sustained a blunt force trauma to the eye and has a reported (but not objectified) orbit fracture. When noting the minimal progress notes presented, and that narcotic medications are not a first-line intervention for analgesic purposes, this request is not medically necessary.