

Case Number:	CM14-0090979		
Date Assigned:	09/19/2014	Date of Injury:	01/22/2014
Decision Date:	10/21/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 and Rehabilitation 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 injured worker is a 65-year-old female who reported injuries after being hit by a chain link gate, which caused her to fall backwards, hitting her head on 01/22/2014. She was unconscious for approximately 30 minutes. Per a progress note from the [REDACTED], this worker was diagnosed with post concussive syndrome, migraine syndrome, photosensitivity, anxiety disorder, depression, insomnia, and tinnitus. She was seen at the [REDACTED] because of chronic headaches and migraines. She reported having headaches all day every day, which varied in intensity and became migraines once to twice a week. She would experience dizziness and needed absolute quiet and to be in a dark room. Her medications included butalbital/acetaminophen and Vicodin of unknown dosages. However, she still had constant headaches and migraines despite the medications. The rationale for the [REDACTED] Spectral Filters was that they would help eliminate her symptoms and allow her brain to recover from her traumatic brain injury. The filters do not reduce clarity of vision, visibility, or color perception. These may allow her to return to work. There was no evidence of any diagnostic or neurological testing included in this worker's chart. There was no rationale include in this chart regarding the audiologist referral and the [REDACTED] referral. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO AN AUDIOLOGIST FOR EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE GUIDELINES, 2ND EDITION, 2004 PAGE 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Audiologic Screening Guidelines--Adult Section.

Decision rationale: The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The Official Disability Guidelines audiologic screening guidelines recommend screening for individuals who have been identified as having a hearing condition, disorder, impairment, or disability. Although this worker has been diagnosed with tinnitus, there is no evidence of a hearing disability or impairment. The need for an audiological referral was not clearly demonstrated in the submitted documentation. Therefore, this request for referral to an audiologist for evaluation and treatment is not medically necessary.

REFERRAL TO AN [REDACTED] FOR EVALUATION AND TREATMENT:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE GUIDELINES, 2ND EDITION, 2004 PAGE 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. There was no clinical documentation included in this worker's chart from any other clinician besides an employee of the [REDACTED] Institute. The clinical information submitted failed to meet the evidence based guidelines for referral. Therefore, this request for referral to an [REDACTED] Institute for evaluation and treatment is not medically necessary.

[REDACTED] SPECTRAL FILTERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE GUIDELINES, 2ND EDITION, 2004 PAGE 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meet Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. The clinical information submitted failed to meet the evidence based guidelines for durable medical equipment. Therefore, this request for [REDACTED] spectral filters is not medically necessary.