

Case Number:	CM14-0094805		
Date Assigned:	09/22/2014	Date of Injury:	02/21/2014
Decision Date:	11/19/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Practice 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:

51 year old claimant sustained a work injury on 2/21/14 involving trauma to the head and right eye. She had an orbital fracture. An exam note on 5/7/14 indicated the claimant had right medial orbital wall ophthalmopathy; tinnel's sign in the right occipital region, globe tenderness to palpation and exophthalmoses of cranial nerve 3. The physician requested a neurophthalmology consult, injection of the supraorbital nerve, a polysomnogram, electroencephalography (EEG) and Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro-Ophthalmology Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 465.

Decision rationale: According to the ACOEM guidelines, an immediate referral is necessary in the event of red flag symptoms after an acute injury to the eye. Such flags include perforation of the globe, ocular contusion, thermal burns, radiation exposure or orbital fracture. In this case, the

trauma occurred months before the request before consultation. A basis visual acuity was not performed. Such injuries would have had a prior ophthalmology evaluation. Recommendation from an ophthalmologist was not noted nor a recommendation from such a specialist for a neuro-ophthalmologist. The request above is not medically necessary.

Injection supra orbital nerve: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 437-450. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye Injury

Decision rationale: According to the guidelines above, injection of the supraorbital nerve is not specified for injuries. The physician did not indicate the reason for injection. Such injections are often used for a regional nerve block. The injury was not acute at the time of the request. Injection for a procedure was not mentioned. Facial pain was noted and right eye irritability, but an injection would only provide temporary relief and is not medically necessary.

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sleep study/polysomnography

Decision rationale: According to the ODG guidelines, a sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for a sleep study include: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. The dyspnea on exertion may be due to obesity rather than apnea. The request for a sleep study is not medically necessary.

Electroencephalography (EEG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - EEG (Neurofeedback)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG Head injury

Decision rationale: According to the guidelines, an EEG is recommended for: If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. EEG is not generally indicated in the immediate period of an emergency response, evaluation, and treatment. The claimant did not have an acute injury. The request for an EEG is not medically necessary.