

Case Number:	CM14-0187889		
Date Assigned:	11/18/2014	Date of Injury:	03/27/2014
Decision Date:	01/06/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

This 52 year old male was injured when the ladder he was standing on flipped over. He landed on the back of his head on concrete. The date of injury was March 27, 2014. The impression was for closed head injury with concussion with intracranial hemorrhage with posttraumatic brain injury, multiple orthopedic injuries, right temporomandibular joint syndrome and possible underlying peripheral neuropathy of uncertain etiology. A brain scan revealed some bleeding in the brain and he was put in a medically induced coma. When he presented to the physician's office, he lost his balance, fell out of a chair and hit his head. In report dated September 19, 2014, he currently had difficulty performing tasks with poor memory, concentration, and word finding problems, trouble finishing tasks and irritability with a short fuse. He also had some problems with biting his tongue, neck pain, headaches with light sensitivity, poor balance, and low back pain to the right hip, right knee pain, some forearm pain and decreased grip with the right hand. He is currently on medications. A request was made for irien screening for light sensitivity related to closed head injury, as outpatient. On October 14, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Irlen screening for light sensitivity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines Perceptual

Motor Programs, Sensory Integration, and Tinted Lenses; Keith J. Hyatt, Jennifer Stephenson, Mark Carter Education and Treatment of Children Volume 32, Number 2, May 2009, pages 313-342.

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: <http://www.irlens.com.au/display/Irlen/Homeand>

Decision rationale: The medical records report difficulty performing tasks with poor memory, concentration, word finding problems, trouble finishing tasks and irritability with a short fuse. The medical records however, do not support the use of Irlen scan as being superior or providing additional information for clinical utility that cannot be obtained by other standardized cognitive studies. There is no published research demonstrating superiority of this testing compared to other standardized cognitive testing. As such the testing is not supported as medically necessary.