

Case Number:	CM14-0204668		
Date Assigned:	12/16/2014	Date of Injury:	12/23/2009
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 New Jersey. 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 48 year-old male who was injured on 12/23/09 when he slipped, fell backwards, and hit the back of his head on a metal pipe. He lost consciousness, woke up in the hospital with stitches applied to his head. He complained of recurrent headaches, neck pain with tingling radiating to his head, as well as low back pain. On exam, he had decreased range of motion of the cervical spine and lumbar spine. There was no documentation of an eye exam, but just a "left eye issue". MRI of the lumbar spine showed disc bulges and spondylolytic changes. He was diagnosed with resolved subdural falcine, subdural hemorrhage with minimal subarachnoid hemorrhage, mixed headaches disorder, depressions, and displacement of lumbar intervertebral disc without myelopathy. His medications included opioids, anti-inflammatories, and muscle relaxants. He had chiropractic therapy and acupuncture. The current request is for an ophthalmology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmologist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

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

Decision rationale: The request is considered not medically necessary. According to the ODG guidelines, an ophthalmic consultation is recommended for chemical burns, intraocular infections, globe ruptures or perforations, and acute glaucoma. There is no documentation of exam findings suggesting any of the above diagnoses. It was stated that the patient had an injury to the eye and had a "left eye issue" but this was not clarified and there was no documentation of an exam. Therefore, without clear documentation, the request is considered not medically necessary.