

Case Number:	CM15-0100842		
Date Assigned:	06/03/2015	Date of Injury:	05/10/2011
Decision Date:	07/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 46 year old male, who sustained an industrial injury on 05/10/2011. He has reported subsequent head, right neck and shoulder pain and was diagnosed with cervico-occipital neuralgia of the right side. Treatment to date has included oral pain medication, occipital neuralgia injection, trigger point injections and physical therapy. In a progress note dated 05/11/2015, the injured worker complained of continued headaches, blurred vision, nausea and vomiting. Objective findings were notable for difficulty turning the head. A request for authorization of one pair of eyeglasses was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of Eye Glasses: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Eyeglass lenses and program coverage (California Code of Regulations [CCR], Title 22, Section 51317[c]). Available: https://files.medical.ca.gov/pubsdoco/publications/masters-mtp/part2/eyeglasslens_v00.doc.

Decision rationale: No information is available in MTUS guidelines, ACOEM or ODG guidelines. As per Medi-cal criteria, patients may receive corrective lenses for common visual deficits such as amblyopia and myopia. Ophthalmologist documentation was reviewed. Note believes that patient may have mild patchy visual deficits from nerve damage that is not contributory to visual complaints. Ophthalmologist notes that patient has presbyopia and has some eyestrain from squinting and that is contributing to patient's ability to cope. However, it is unclear how patient's correctable visual problem is related to injury since documentation states that it is not related to injury. His deficit is minimal with affected eye at 20/45. While patient may have need for corrective lenses, it is unclear how it will help or how it related to patient's claim of intermittent blurry vision. Documentation fails to support medical need for "pair of eye glasses" in aiding patient's claims of intermittent blurry vision.