

Case Number:	CM15-0103562		
Date Assigned:	06/08/2015	Date of Injury:	07/25/2014
Decision Date:	07/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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 52 year old female patient who sustained an industrial injury on 07/25/2014. The accident was described as while working regular duty as a waitress a metal strainer fell on her head without loss of consciousness resulting in injury of headaches and neck pain. She reported the injury, was able to complete the work shift. She was seen on 08/01/2014 declined a head computerized tomography scan and was diagnosed with concussion without LOC. On 08/14/2014, she was seen again prescribed Tramadol and Flexeril and underwent a cervical computerized tomography scan that showed C5-7 mild spondylosis. She was ordered a course of physical therapy, which did offer relief of neck pain. She was then experiencing vertigo, nausea and vomiting. She was seen on consultation by neurology on 09/30/2014 prescribed Elavil, cognitive behavioral therapy recommended. On 10/22/2014, she underwent electrodiagnostic examination study of the lower extremities that showed negative findings. A recent visit dated 04/29/2015 described an initial rehabilitation evaluation performed. By 01/27/2015, the patient remains totally temporarily disabled. Objective findings showed sensory deficit in cervical 6 on the right. She has subjective complaint of having chronic headaches, neck pain, shoulder pain and insomnia. The plan of care involved recommendation for the patient to attend balance therapy session along with land based physical therapy session and to undergo a magnetic resonance imaging study of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Optometric Vision Therapy, 10 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna: Nystagmus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, "Policy on Vision Therapy", Last reviewed 8/22/14. Available: http://www.aetna.com/cpb/medical/data/400_499/0489.html.

Decision rationale: There is no information concerning "Optometric Vision Therapy" in MTUS Chronic pain, ACOEM Guidelines or Official Disability Guidelines do not have any specific sections that directly deal with this issue. Unfortunately, there are a multiple versions of "vision therapy" with very poor definition of exactly what is done or what it is used for. Most current information involves a controversial pseudo-scientific therapy used for behavioral intervention. In relation to head injury and nystagmus and balance issue, search of medical literature shows very old studies, which are not readily available online for review. The most comprehensive review is available from Aetna's review of Vision Therapy. This review is very well written with appropriate citation. Its review of Vision Therapy for nystagmus and brain injury states that it basically involves various forms of biofeedback. Many of the studies done on this topic are small or limited with little evidence to support its use. Due to lack of evidence to support its use, "Optometric Vision Therapy" is not medically necessary.