MAXIMUS Federal Services

Case Number:	CM15-0109273		
Date Assigned:	06/15/2015	Date of Injury:	01/02/2015
Decision Date:	07/20/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 56-year-old male who sustained an industrial injury on 1/2/15. The injured worker was diagnosed as having cerebral hemorrhage and headaches. Currently, the injured worker was with complaints of decreased hearing, tinnitus, blurred vision, cervical pain and headaches. Previous treatments included medication management. Previous diagnostic studies included a computed tomography and a magnetic resonance imaging. The plan of care was for diagnostic testing. Patient sustained the injury when his head struck against a tree branch The patient has had CT scan of head on 1/7/15 that revealed left occipital hemorrhage; CTA on 1/7/15 that was irrelevant, and MRI brain on 1/7/15 that revealed left occipital sub acute hemohhage. Per note dated 5/9/15 patient had complaints of persistent visual field defect. Per note dated 3/25/15 patient had complaints of decreased hearing in right ear, increased tinnitus in left ear, headache, dizziness, blurred vision and pain in cervical and lumbar region. Physical examination revealed severe headache and intracranial hemorrhage. The medication list includes Norco. The patient's surgical history includes rhinoplasty in 1987. Per note dated 4/13/15 patient had persistent visual field defect affecting superior and right visual field, right eye greater than left. The patient has had functional vision score 85, impairment rating was 15%, and functional field score was 85.4. The patient has had loss of superior visual field of 25%. Ophthalmic examination revealed no nystagmus, 20/20 acquity, normal sclera and conjunctiva and normal fundus ophthalmoscopic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

VF Testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.medicinenet.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 01/21/15) Vision evaluation.

Decision rationale: Request: VF Testing A visual field test is an eye examination that can detect dysfunction in central and peripheral vision, which may be caused by various medical conditions such as glaucoma, stroke, brain tumors or other neurological deficits. Visual field testing can be performed clinically by keeping the subject's gaze fixed while presenting objects at various places within their visual field. ACOEM/ODG state guideline does not specifically address this issue. Hence ODG used. As per cited guideline "Vision evaluation: Recommended. Vision evaluation is a well-established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of refractive error, vision loss, oculomotor dysfunction, binocular vision disorder, ocular injury, and pathology. Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders. The patient may need to see a neurodevelopment optometrist for the evaluation since a regular eye doctor may only consider the health of the eye and not how the brain is interpreting visual information". The injured worker was diagnosed as having cerebral hemorrhage and headaches. Currently, the injured worker was with complaints of decreased hearing, tinnitus, blurred vision, cervical pain and headaches. Patient sustained the injury when his head struck against a tree branch. The patient has had CT scan of head on 1/7/15 that revealed left occipital hemorrhage; CTA on 1/7/15 that was irrelevant, and MRI brain on 1/7/15 that revealed left occipital sub acute hemorrhage. Per note, dated 5/9/15 patient had complaints of persistent visual field defect. Per note dated 3/25/15 patient had complaints of decreased hearing in right ear, increased tinnitus in left ear, headache, dizziness, blurred vision and pain in cervical and lumbar region. Per note dated 4/13/15 patient had persistent visual field defect affecting superior and right visual field, right eye greater than left. The patient has had functional vision score 85, impairment rating was 15%, and functional field score was 85.4. The patient has had loss of superior visual field of 25%. Therefore, the patient had significant objective findings that would require VF Testing. The request for VF Testing is medically necessary and appropriate for this patient.