

<b>Case Number:</b>	CM15-0134886		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Illinois

Certification(s)/Specialty: Ophthalmology

### 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 was a 45 year old male, who sustained an industrial injury, April 11, 2014. The injury was sustained when the injured worker fell down the stairs carrying two rolls of carpet. The carpet rolled over and pushed the neck and head to the left side with a sudden jerking movement. The injured worker was unable to walk down and when the injured worker was unloading the carpet on the truck, the injured worker felt faint. The injured worker did not lose consciousness. The injured worker previously received the following treatments ophthalmology exam, cervical injection at C7-T1 and L4-L5 epidural steroid injection, Ibuprofen, Percocet, Omeprazole, Tramadol, Advil, cervical spine MRI, lumbar spine MRI, left shoulder MRI, right shoulder MRI, lumbar spine x-ray, cervical spine x-ray, physical therapy, home exercise program, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities, displacement of lumbar intervertebral disc without myelopathy, pain management specialist, C7-T1 impinging of the cord, left L4-L5 dis protrusion, status post L3 laminectomy and L3-L4 microdiscectomy. The injured worker was diagnosed with C8 radiculopathy, bilateral L4 and L5 radiculopathy, depression, T1 and L3-L4 HPN (herniated nucleus pulposus), bilateral eye narrowing angles and glaucoma. According to progress note of April 10, 2015, the injured worker's chief complaint was headaches and blurred vision. The physical exam noted bilateral eye narrowing angles and glaucoma. The treatment plan included LPI laser surgery for the right and left eye for glaucoma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LPI (Laser Peripheral Iridotomy) laser treatment to the right and left eyes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation <http://www.glaucoma.org/treatment/laser-surgery.php>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Pattern.

**Decision rationale:** This patient reportedly has narrow angles and a laser peripheral iridotomy has been recommended. The ophthalmologist has not provided copies of their office visit notes and their only justification provided is narrow angles. At minimum the results of the gonioscopic examination and the intraocular pressures must be provided before a determination can be made. Therefore, based on the limited information provided by the physician, LPI is not considered medically necessary.