

Case Number:	CM15-0149301		
Date Assigned:	08/12/2015	Date of Injury:	10/08/2013
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male who sustained an industrial injury on October 08, 2013. On October 18, 2014 he underwent a magnetic resonance imaging study of the cervical spine that revealed: straightening of the cervical spine; early disc desiccation at C2-3 to C6-7; mucosal thickening in left maxillary sinus, correlate clinically; C3-4 focal central disc protrusion effacing the thecal sac; C4-5 focal central disc protrusion effacing the thecal sac; C5-6 focal central disc protrusion effacing the thecal sac and C6-7 focal disc protrusion effacing the thecal sac. A primary treating office visit dated January 13, 2015 reported chief subjective complaint of neck pain, headaches, and depression. He has sought neurological consultation with prescribed Soma and recommendation for eye glasses to be obtained through primary care. He was diagnosed with cervical discogenic disease, and status post assault at work with possible concussive headaches. The plan of care noted continuing with Cambria 50mg powder, Norco 10mg 325mg, and Zoloft. He is to return for follow up in 6 weeks. There is note the worker is with facet disease, decreased range of motion in neck consistent with facet tenderness over facet joints, therefore recommending C2-3 and C3-4 bilateral blocks and referral to ophthalmology for evaluation of eyesight. A more recent follow up dated July 01, 2015 reported injections with denial. On May 21, 2015 at follow up the plan of care continued with recommendation to undergo eye evaluation by an Ophthalmologist regarding new glasses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmologist consultation for new glasses: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2004, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured in 2013. As of January 2015 there was neck pain, headaches, and depression. He has sought neurological consultation with prescribed Soma and recommendation for eye glasses to be obtained through primary care. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, eyeglasses are so commonplace, that it is not clear why they are clinically essential in this case. There is no mention of eye injury, or what is driving the need for new glasses. Further, this request for the specialist assessment fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.