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| <b>Case Number:</b>   | CM15-0195300 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 08/20/2014 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 8-20-2014. Medical records indicate the worker is undergoing treatment for traumatic brain injury, major depressive disorder, limb pain and abnormal foveal reflex. A recent eye exam-progress report dated 6-23-2015, reported the injured worker complained of blurry vision and light sensitivity. Physical examination revealed a fovea abnormality. A progress note dated 7-7-2015, reported the injured worker complained of fatigue, ringing-buzzing in the ears, difficulty concentrating and reading, depression and feeling of suicide intermittently. Treatment to date has included therapy and medication management. The physician is requesting Pain Management Counseling, once a week for six weeks and work glasses purchase. On 9-30-2015, the Utilization Review modified the request for Pain Management Counseling, once a week for six weeks to a trial of 4 sessions and noncertified the request for work glasses purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Counseling, once a week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**Decision rationale:** The claimant sustained a work injury in August 2014 when he fell from a ladder hitting the ground with loss of consciousness. Co-workers reported a seizure after the fall. He sustained a left clavicle and right radius fracture and a left orbital floor fracture. He was able to return to work in September 2014. When seen, he had blurry vision and had been seen for an ophthalmology evaluation and had received a prescription for new glasses. Recommendations had also included a referral to a retinal specialist for a possible chronic foveal injury. He was having ongoing difficulty sleeping. He was having difficulty concentrating, reading, impaired sleep, and had anxiety and a depressed mood. Physical examination findings included appearing depressed, anxious, and tearful. He had poor posture. He had normal mobility. Authorization is being requested for 6 Pain Management Counseling treatment sessions and new glasses. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, a psychological assessment is medically necessary and cognitive behavioral treatment for pain may be indicated. However, requesting authorization without the results of an evaluation is not considered medically necessary.

**Work Glasses purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Contact Lenses and Eyeglasses.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Vision evaluation.

**Decision rationale:** The claimant sustained a work injury in August 2014 when he fell from a ladder hitting the ground with loss of consciousness. Co-workers reported a seizure after the fall. He sustained a left clavicle and right radius fracture and a left orbital floor fracture. He was able to return to work in September 2014. When seen, he had blurry vision and had been seen for an ophthalmology evaluation and had received a prescription for new glasses. Recommendations had also included a referral to a retinal specialist for a possible chronic foveal injury. He was having ongoing difficulty sleeping. He was having difficulty concentrating, reading, impaired sleep, and had anxiety and a depressed mood. Physical examination findings included appearing depressed, anxious, and tearful. He had poor posture. He had normal mobility. Authorization is being requested for 6 Pain Management Counseling treatment sessions and new glasses. Vision evaluation after traumatic head injury is recommended and is a well "established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of abnormalities including refractive error. In this case, the claimant has blurry vision and a history of an orbital fracture affecting the left eye." However, the refraction done shows symmetric findings. New glasses are medically necessary but not on an industrial basis. For this reason, the request is not considered medically necessary.