MAXIMUS Federal Services

Case Number:	CM15-0212574		
Date Assigned:	11/02/2015	Date of Injury:	03/27/2014
Decision Date:	12/14/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/28/2015

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 is a 54 year old male who sustained an industrial injury on 3-27-14. A review of the medical records indicates he is undergoing treatment for status post fall with multiple trauma, head injury and intracranial hemorrhage with post-concussive syndrome, headaches, right temporomandibular joint syndrome, and traumatic brain injury with cognitive deficits, cervical strain and sprain and aggravation of cervical degenerative disc disease - chronic, worse, cervical brachial myofascial pain syndrome - chronic, worse, bilateral shoulder myofascial pain and adhesive capsulitis - chronic, lumbar strain and sprain and myofascial pain - chronic, worse, right knee strain and sprain with aggravation of degenerative joint disease and meniscal tear - chronic, left knee strain and sprain - chronic, and chronic pain syndrome with amplified pain behavior - worse. Medical records (10-16-15) indicate complaints of neck, back, head, and bilateral leg and knee pain. He describes the pain as "burning and achy". His pain rating is "8-10 out of 10". The treating provider indicates that he complains of worsening chronic headaches and pain. Diagnostic studies have included an electroencephalogram and [redacted] screening on 3-18-15. The treating provider indicates "denial for a re-evaluation at the [redacted] and for [redacted] lenses". The provider's response to the denial includes a review from an agreed medical evaluation in November 2014, stating that the injured worker "was in need of further treatment to include neurologic treatment". The agreed medical examiner "also specifically indicated that the patient had photophobia associated with headaches. Therefore, the denial is invalid". The [redacted] screening report (3-18-15) indicates that the injured worker has "very severe photophobia". He was evaluated for performance in processing problems and found

to have "severe processing deficits". He also scored "in the severe range for light sensitivity and attention and concentration difficulties". The report indicates that "light sensitivity appears to be a major trigger for his headaches. This is not an optical problem". His response to changing color contrast showed "an immediate improvement", indicating that this "immediately and significantly reduced visual distortions, his headache, and discomfort". The recommendation was for the injured worker to "return for a second appointment to determine the wavelengths of light which need to be filtered to allow his brain to correctly and comfortably process visual information as well as protect his brain, allowing it to start to heal". The utilization review (10-26-15) includes requests for authorization of one [redacted] lenses and a re-evaluation at [redacted]. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) [redacted] lenses: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 is a patient with chronic headache and light sensitivity following a head injury. The presentation is quite consistent with migraines. The use of [redacted] lenses is not a standard treatment for this condition. Therefore, it is not a medically necessary treatment for this patients

One (1) re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 is a patient with chronic headache and light sensitivity following a head injury. The presentation is quite consistent with migraines. The evaluation at the [redacted] is not appropriate for the treatment of this patient's condition. Therefore, it is not medically necessary for this patient to be evaluated at the [redacted].