

Case Number:	CM15-0214450		
Date Assigned:	11/04/2015	Date of Injury:	06/30/2015
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 50 year old male, who sustained an industrial injury on 6-30-2015. He reported a fall with head and neck trauma resulting in injuries to the head, neck, and knee requiring several days' inpatient care. Diagnoses include concussion and post-concussion syndrome and double vision, rule out lesion to the cerebellum or brainstem. Treatments to date include activity modification and physical therapy. The records indicated ongoing headaches, neck and knee pain after a traumatic injury. An initial Neurology evaluation was completed on 9-16-15. He complained of progressive headaches and double vision that intermittently occur several times daily. He described seeing double vision, seeing images side by side on primary gaze. The physical examination documented concern for "traumatic fourth nerve injury or something wrong in the brainstem." The plan of care included MRI of the brainstem and a neuro-ophthalmologist to rule out traumatic fourth nerve palsy. The appeal requested authorization for a neuro-ophthalmologist consultation. The Utilization Review dated 10-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro-Ophthalmologist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American Independent Medical Examinations and Consultations, 2nd Edition, Chapter 7 (pp 127); Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Eye 2004, Section(s): Red-Flag Conditions, Red Flag and Non-red-flag Conditions.

Decision rationale: This injured worker complains of double vision with suspicion of 4th cranial nerve or brainstem injury. An MRI has been ordered and approved which is the logical first step. This worker does not have any red flag ocular conditions that would warrant immediate referral to a consultant such as a neuro-ophthalmologist. The medical necessity of neuro-Ophthalmologist Consultation is not substantiated in the records, therefore is not medically necessary.