

<b>Case Number:</b>	CM15-0223646		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	08/12/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 26 year old male, who sustained an industrial injury on 8-12-2015. The injured worker was being treated for cervicgia, myalgia, depression, post-concussional syndrome, post-traumatic headache, unspecified and not intractable, cervical radiculopathy, mild cognitive impairment ("so stated"), dizziness and giddiness, unspecified injury of head, post-traumatic stress disorder, major depressive disorder (recurrent, moderate), neuralgia and neuritis unspecified, nausea, and headache. Treatment to date has included trigger point injections. On 10-09-2015, the injured worker complains of constant headaches and neck pain and dizziness. Severity of symptoms was rated 6 out of 10. Medications included Norco, Oxycodone, Baclofen, Gabapentin, and Zofran. A review of symptoms was positive for blurred vision. Exam of the eyes noted "conjunctivae clear, no ptosis." Oculomotor exam noted intact peripheral vision and no visual neglect. The treatment plan included magnetic resonance imaging of the brain and Ophthalmology referral. He remained off work. On 10-19-2015 Utilization Review non-certified a request for Ophthalmology Consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ophthalmology Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127.

**Decision rationale:** Based on the 10/9/15 progress report provided by the treating physician, this patient presents with constant headaches, aching, pressure-like left-sided neck pain, dizziness, with pain rated 6/10. The treater has asked for OPHTHALMOLOGY CONSULTATION on 10/9/15. The patient's diagnoses per request for authorization dated 10/12/15 are post-traumatic headache, unspecified, not intractable; postconcussional syndrome; cervicgia; dizziness and giddiness; depression, recurrent, unspec; myalgia; and nausea. The patient is s/p recent head trauma when he was impacted by a 140-pound object from 15 feet above, after which he tripped and fell forward per 9/1/15 report. The patient had recurrent dizziness, balance impairment, difficulty concentrating, headaches, and fatigue for 13 days per 8/24/15 report. The patient had severe periorbital swelling yesterday with both eyes completely shut closed, but today is improved with mild puffiness with bruising below eyes per 8/15/15 report. The patient also complains of photosensitivity, and went to the ER 4 days ago for blurriness in his vision, which has since resolved per 8/19/15 report. The patient is currently working full time as of 10/9/15 report. ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states 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." MTUS Guidelines, Introduction Section, page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." Per report dated 10/9/15, the patient presents with headaches, neck pain, dizziness, and "ongoing blurriness in the left eye and feeling as though left eye is heavier and slower when he has a headache." When the patient feels better and increases activity, his headaches come back stronger per 10/9/15. The patient has also had a trip to the ER due to blurry vision per 8/19/15 report. Utilization review letter dated 10/19/15 denies the request due to lack of documentation of ocular pathology on examination. Although there is no physical examination showing any obvious physical ocular pathology, the patient has had a recent ER admission due to blurry vision and presents with photosensitivity, ongoing blurriness, and a feeling of heaviness in the left eye. The request for an ophthalmology consultation, therefore, is reasonable and supported by ACOEM guidelines evaluate the patient's ongoing vision problems. Hence, the request IS medically necessary.