

<b>Case Number:</b>	CM15-0030734		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/06/1989
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 48 year old female, who sustained an industrial injury on January 6, 1989. The diagnoses have included migraine headaches, hypertension, and cervical disc disease. Currently, the injured worker complains of headaches which cause nausea and she rates a 7 on a 10 point scale. Her blood pressure was 170/100. On examination, the injured worker had normal strength, sensation and reflexes of the upper and lower extremities. On February 11, 2015 Utilization Review non-certified a request for Irlen's screening for underlying Irlen's, noting that based on the single progress note available for review there is no clear clinical indication to pursue the screening. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of Irlen's screening for underlying Irlen's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Irlen's Screening for Underlying Irlen's:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Head (trauma, headaches, etc, not including stress & mental disorders), G. L. ROBINSON, P. K. FOREMAN, AND K. B.

G. DEAR (1996) THE FAMILIAL INCIDENCE OF SYMPTOMS OF SCOTOPIC SENSITIVITY/IRLEN SYNDROME. *Perceptual and Motor Skills*: Volume 83, Issue, pp. 1043-1055.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation autism research institute [http://www.autism.com/understanding\\_irlens](http://www.autism.com/understanding_irlens).

**Decision rationale:** This injured worker has a history of 'possible underlying Irlen's Syndrome'. Scotopic Sensitivity/Irlen Syndrome is a visual-perceptual problem which occurs in some people with learning/reading disorders, autism, and other developmental disorders. People with Scotopic Sensitivity/Irlen Syndrome experience 'perceptual stress' which can lead to a variety of perceptual distortions when reading and/or viewing their environment. The medical records document the rationale for screening for this diagnosis is to see if the worker might benefit from tinted lenses. It is not clear why tinted lenses would not be trialed rather than a screening test. The medical necessity for Irlen's screening or underlying Irlen's syndrome is not substantiated in the records.