

Case Number:	CM15-0045726		
Date Assigned:	03/18/2015	Date of Injury:	01/06/1989
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 48-year-old female, who sustained an industrial injury on 1/6/1989. The mechanism of injury was not provided for review. The injured worker was diagnosed as having chronic migraine headaches, hypertension, cervical disc disease and possible Irlen's syndrome. Treatment to date has included medications management. Currently, a progress note from the treating provider dated 1/29/2015 indicates the injured worker reported increased headaches with nausea. The blood pressure was noted to be significantly elevated. The recommendation was to continue medications management, follow up with Primary Care Doctor for blood pressure control and evaluate for Irlen's syndrome. The medications listed are Relpax and Zofran. A Utilization Review determination was rendered recommending non certification for Irlen's screening.

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 (ODG),www.odg-twc.com; Section: Head (trauma, headaches, etc. not including stress & mental disorders); G.L. Robinson, P.J. Foremand 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: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Headache Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation and investigation by specialists when the condition is too complex or additional expertise is necessary for special treatments. The records show a onetime clinical evaluation for the chronic headache and neck pain. The patient was advised to follow up with the primary care doctor for blood pressure treatment. There is no documentation of follow up evaluation after the control of the blood pressure and neck pain. There is no documentation of failure of conservative treatment with PT and medications treatments. There is no documentation of elimination of other more common causes and differential diagnoses of the subjective symptoms. The criteria for Irlen's screening was not met; the request is not medically necessary.