

Case Number:	CM15-0048346		
Date Assigned:	03/20/2015	Date of Injury:	01/24/2006
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 1/24/2006. The current diagnoses are nose injury, eye injury, headaches, and cervical spine sprain/strain. According to the progress report dated 1/13/2015, the injured worker complains of daily headaches, bilateral blurred vision, and watering of the left eye. Additionally, he reports pain and stiffness in his cervical spine, periodic sleep paralysis, difficulty sleeping, anxiety, and lack of concentration due to his injury and pain. Per notes, he is not currently taking and prescription medications. Treatment to date has consisted of an examination, CT scan of the head, emergency surgery, MRI/X-rays of the head, intravenous and oral medications, and injections for pain. The plan of care includes referral to ENT specialist, neurologist, and ophthalmologist for final evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to ENT specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- office visits p 92.

Decision rationale: In this case, the progress note from the orthopedic surgeon on 1/13/15 did not include a ENT examination. The claimant's complaint was related to vision. According to the guidelines, office visits are to be performed as medically necessary or when the diagnosis is complex or uncertain. In this case, the reason for ENR referral was not supported by exam findings or subjective complaints and is not medically necessary.