

Case Number:	CM14-0121700		
Date Assigned:	08/06/2014	Date of Injury:	08/26/2009
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28-year-old male who reported a work related injury on 09/26/2009. The injured worker's diagnoses consist of chronic post-traumatic headache and contusion, unspecified. Past treatment has included surgical intervention and medication. There were no diagnostic studies provided for review. Surgical history included a craniotomy on an unspecified date. Upon examination on 07/21/2014, the injured worker complained of blurred eye vision of the left eye. Upon physical examination, it was noted that pupils were equal and reactive to light, extraocular muscles were intact, and visual acuity and visual fields were intact. The injured worker was noted to have normal sensation to light touch, pinprick, and vibration. The injured worker's reflexes were +2 bilaterally at the biceps, triceps, patella, and Achilles reflex. His toes were going downward to the Babinski testing and the Hoffman sign was negative. It was noted that the injured worker had normal casual, tandem, heel and toe gait. The prescribed medications included Ambien, Keppra, Fioricet, Topamax, and Lunesta. The treatment plan was to increase Ambien, continue Keppra, continue Fioricet, wear expandable bottoms instead of regular bottoms, start Topamax, start Lunesta, and refer to the ophthalmologist for blurry vision. The rationale for the ophthalmology visit was for blurred vision. The rationale for the MRI of the cervical spine without contrast was not provided for review. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The request for an MRI of the cervical spine without contrast is not medically necessary. The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In regard to the injured worker, the physical examination findings did not reveal any neurological deficits. The injured worker was noted to have normal reflexes. The injured worker's gait and coordination were also noted to be normal. Additionally, the submitted medical records failed to document any red flag issues. There was also no evidence that conservative care measures have been exhausted. As such, the request for an MRI of cervical spine without contrast is not medically necessary.

Ophthalmology Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 416-417.

Decision rationale: The request for an ophthalmology evaluation is not medically necessary. The California MTUS/ACOEM Guidelines state that an initial assessment should focus on detecting indications of potentially serious ocular pathology, termed red flags, and determining an accurate diagnoses. For this purposes, red flags are defined as a sign or symptom of a potentially serious condition indicating that further consultations, support, or specialized treatment may be necessary. Additionally, the Official Disability Guidelines recommend ophthalmologic consultations for urgent cases such as chemical burns, intraocular infections, globe ruptures or perforations, and acute glaucoma. The injured worker was noted to have blurred vision. However, his pupils were equal and reactive to light with visual fields intact. Additionally, upon examination of the injured worker's eye, there were no abnormal findings that would indicate the need for an ophthalmologic evaluation. As such, the request for an ophthalmology evaluation is not medically necessary.