

Case Number:	CM14-0130946		
Date Assigned:	08/20/2014	Date of Injury:	03/24/2014
Decision Date:	09/29/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 Neurologist and is licensed to practice in Texas, Massachusetts 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 injuries after falling from a beam through a ceiling to the floor of the room below on 03/24/2014. On 06/17/2014, his diagnoses included headaches, consider significant subdural hematoma, neck pain due to cervical straining injury with probable resultant musculoskeletal headaches with associated hyperreflexia of the lower limbs and a history compatible with central cord syndrome, visual loss of uncertain significance, with normal vision to gross confrontation, left shoulder pain with biceps tendinitis bilaterally, frozen shoulders, bilateral hand paresthesias with hyperreflexia of the lower limbs, consider central cord syndrome or significant ulnar neuropathy and left biceps tendinitis with bilaterally frozen shoulders probably due to disuse. Upon examination of the cranial nerves, the visual fields were full to confrontation, the disc margins were sharp, and the extraocular movements were intact. There was no facial asymmetry. This worker indicated that he had a visual change, that he could not read street signs, particularly at night, with the right eye being more affected than the left. He indicated that when he got headaches, he had a blurring of his vision. There was no rationale for the request for a referral to an ophthalmologist. A Request for Authorization dated 06/23/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmologist Referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College Occupational Environmental Medicine- Chapter 7- Independent Medical Examination And Consultation 2008.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The California ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. Although this injured worker reported some visual changes, his cranial nerve examination was intact. From the evidence submitted, there was significant neurological involvement, more than ophthalmological. The need for a referral for an ophthalmologist was not clearly demonstrated in the submitted documentation. Therefore, the request for Ophthalmologist Referral is not medically necessary.