

<b>Case Number:</b>	CM14-0142632		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 63-year-old female with a 5/18/12 date of injury. At the time (8/27/14) of the Decision for Ophthalmology consultation and treatment and follow up visits times six 6, there is documentation of subjective (headaches and neck pain) and objective (none specified) findings, current diagnoses (posttraumatic exertional headache), and treatment to date (medication and acupuncture). Regarding Ophthalmology consultation and treatment, there is no documentation identifying how the requested Ophthalmology consultation and treatment will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinees fitness for return to work. Regarding follow up visits times six 6, there is no documentation of a rationale identifying why six follow-up visits are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OPHTHALMOLOGY CONSULTATION AND TREATMENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page 127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of posttraumatic exertional headache. However, there is no documentation identifying how the requested Ophthalmology consultation and treatment will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Ophthalmology consultation and treatment is not medically necessary.

**FOLLOW UP VISITS x6:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of posttraumatic exertional headache. However, there is no documentation of a rationale identifying why six follow-up visits are medically necessary. Therefore, based on guidelines and a review of the evidence, the request for follow up visits times six 6 is not medically necessary.