

Case Number:	CM14-0212538		
Date Assigned:	01/12/2015	Date of Injury:	08/15/2014
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Florida

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 patient is a 25-year-old male with a date of injury of 8/15/2014. The mechanism of injury is described as a beam (60-70 lb piece of aluminum) falling on his head rendering him unconscious. Diagnoses include: concussion with LOC (loss of consciousness,) postconcussive syndrome, migraines, cognitive impairment, wrist/hand sprain/strain, right knee sprain/strain, lumbar sprain/strain, and knee contusion. He did have an MRI of the Brain, which showed no significant acute injuries. Prior treatment has included physical therapy, TENS unit, paraffin therapy, and medications. A 12/19/2014 physical exam was unremarkable except for bilateral temporomandibular joint pain. The progress note's impression stated that the patient has been experiencing "light sensitivity, suggesting Irlen's syndrome." A utilization review physician did not certify requests for Iriens screening, a dental evaluation for possible TMJ, and Neuropsychometric testing. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Irlens Screening: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dyslexia. 2009 Feb;15(1):42-60. doi: 10.1002/dys.382. Screening for dyslexia, dyspraxia and Meares-Irlen syndrome in higher education. Nichols SA1, McLeod JS, Holder RL, McLeod HS.

Decision rationale: California MTUS guidelines, ACOEM, and ODG do not address Irlen Screening. Irlen syndrome is a perceptual processing disorder. It is not an optical problem. It is a problem with the brain's ability to process visual information. This is a condition that can be acquired through a traumatic brain injury. Screening for this condition has been requested, and screening is recommended in those who are suspected of having this disorder. Therefore, this request for Irlen Screening is considered medically necessary.

Dental Evaluation for Temporomandibular Joint Disorders (TMJ): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page(s) 127.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Similarly, ACOEM Occupational medicine guidelines also state, "A health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment for an examinee or patient." On review of both sets of guidelines in relationship to this patient's case there is nothing prohibitory in these guidelines to deny the requesting physician a dental consultation for TMJ Syndrome. Therefore, this request for Dental evaluations considered medically necessary.

Neuropsychometric Testing: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Psychiatr Clin North Am. 2010 Dec;33(4):855-76. doi: 10.1016/j.psc.2010.08.003. Neuropsychological assessment in traumatic brain injury. Podell K1, Gifford K, Bougakov D, Goldberg E.

Decision rationale: MTUS guidelines do not address Neuropsychometric testing, and therefore other guidelines were referenced. This patient suffered a traumatic brain injury (TBI) and was diagnosed with post concussive syndrome and cognitive impairments. TBI affect the cognitive, emotional, psychological, and physical functioning of an individual. Neuropsychometric testing can help better examine the damage that has occurred and help in the formulation of a treatment plan. Therefore, this request for Neuropsychometric testing is considered medically necessary.