

<b>Case Number:</b>	CM14-0212539		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old patient with date of injury of 10/28/2010. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, PTSD, ACL tear left knee, cervical discogenic spine pain and cervical radiculopathy. Subjective complaints include increased pain and stiffness to neck and upper back, left knee pain, cervical pain radiating into the upper bilateral extremities; pain described as sharp, dull/aching, pins and needles, stabbing, numbness, pressure, electrical/shooting, burning, cramping, weakness and spasm, rated 8-10/10. Objective findings include cervical exam reveals trigger points of tightness noted, tenderness with palpation; thoracic spine tiger points of tightness, tenderness with palpation, normal gait, cervical and thoracic spasm. Treatment has consisted of home exercise program, moist heat, stretches and cervical epidural steroid injections, Tramadol, Diclofenac, Cyclobenzaprine, Ambien and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient consultation to Ophthalmologist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** MTUS is silent specifically regarding Ophthalmologist consultation. ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E and M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening". The treating physician does not document why an ophthalmologist consultation is being requested. There is no optometric physical exam in recent medical treatment notes and no objective findings included. Additionally, the treating physician does not indicate what questions are being asked of the ophthalmologist consultant. As such, the request for outpatient consultation to Ophthalmologist is not medically necessary at this time.

**MRI of the brain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Magnetic Resonance Imagine (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Brain, MRI.

**Decision rationale:** ODG states "Neuro-imaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. (Cifu, 2009) See also Diffusion tensor imaging (DTI)." ODG provides additional indications for magnetic resonance imaging: To determine neurological deficits not explained by CT, To evaluate prolonged interval of disturbed consciousness, To define evidence of acute changes super-imposed on previous trauma or disease. The treating physician does not provide documentation of neurological deficits,

prolonged interval of disturbed consciousness or evidence of acute changes super-imposed on previous trauma or disease. The documentation provided does not indicate any red-flag symptoms that would warrant the need for further imaging. As such, the request for MRI of the brain is not medically necessary.