MAXIMUS Federal Services

| Case Number: | CM13-0001442 | | |
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| Date Assigned: | 11/20/2013 | Date of Injury: | 04/26/2013 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 07/03/2013 |
| Priority: | Standard | Application Received: | 07/15/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 64-year-old female, who reported an injury on 04/26/2013. The mechanism of injury was stated to be that the patient was riding in a shuttle bus, and the bus driver turned and hit the brakes, and the patient flew out of her seat. The patient was noted to be rendered unconscious. The patient was noted to have a CT scan at the hospital, which was reported to be normal. The initial report indicated that the patient had some forgetfulness and dizziness, and possibly difficulty in maintaining balance. An examination on 06/18/2013 revealed that the patient had some difficulties with short-term memory, and the patient's balance was off. It was noted that the patient underwent physical therapy, and the patient did not show any improvement. The diagnosis was noted to be status post head trauma with a normal brain MRI, posttraumatic headaches with occipital neuralgia, posttraumatic imbalance, and cervical sprain/strain. The request was made for an electroencephalogram (EEG)/digital quantitative electroencephalogram (QEEG) for the assessment of cognition. Per the original examination on 05/23/2013, Mini Mental State Examination, the patient was noted to score a 20, which revealed that the patient had moderate cognitive impairment. The patient was noted to have an EEG on 07/11/2013 which revealed a normal EEG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic test electroencephalogram/digital quantitative electroencephalogram (QEEG) of the head:** 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), Head chapter.

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

**Decision rationale:** The Official Disability Guidelines recommend an EEG for patients who have failure to improve or have additional deterioration following an initial assessment and stabilization and a QEEG, quantified electroencephalography, which is a computerized EEG, and is not recommended for diagnosing traumatic brain injury. The clinical documentation submitted for review indicated that the patient had an original assessment that included forgetfulness and dizziness. The patient's reassessment indicated the patient had some difficulty with short-term memory, and the patient's balance was off. There was an indication for the EEG, as the patient's assessment and re-assessment were basically the same; however, there was a lack of documentation indicating the rationale for a QEEG. Given the above, the request for Diagnostic test electroencephalogram/digital quantitative electroencephalogram (QEEG) of the head is not medically necessary.