

Case Number:	CM13-0017700		
Date Assigned:	01/15/2014	Date of Injury:	01/26/2011
Decision Date:	06/02/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/28/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 58-year-old right-handed man sustained a work-related injury on January 26, 2011. Subsequently he developed with chronic neck pain and lower back pain. On April 2012, he underwent cervical spinal injection with some help with his pain. According to a note dated on February 8, 2013 the patient was complaining of neck and lower back pain with numbness in the feet and difficulty with his balance. He was treated with butran, Norco, Flexeril, and Naproxen. His physical examination demonstrated tenderness in the cervical and lumbar spine with reduced range of motion. The patient was also complaining of tinnitus with hearing loss. Similar clinical finding where found in the evaluation of December 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIGITAL QUANTITATIVE ELECTROENCEPHALOGRAPHY (QEEG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) QEEG (brain mapping), worklossdatainstitute web version.

Decision rationale: According to ODG guidelines, QEEG (brain mapping) not recommended for diagnosing traumatic brain injury (TBI). Quantified Electroencephalography (QEEG) (Computerized EEG) is a modification of standard EEG using computerized analysis of statistical relationships between power, frequency, timing, and distribution of scalp recorded brain electrical activity. In moderate/severe TBI the results of QEEG are almost always redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. Recent studies suggest that in the future QEEG may become a useful tool in the retrospective diagnosis of TBI and its severity, but this application remains investigational and is usually not covered. Based on the above, the request for Digital Quantitative electroencephalography (QEEG) is not medically necessary.

COGNITIVE P300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive P300, worklossdatainstitute online web version.

Decision rationale: According to ODG guidelines, Cognitive P300 is considered experimental for the diagnosis of dementia or depression because they have not been proven necessary to aid in diagnosis or alter the management of patients. Therefore Cognitive P 300 is not medically necessary.