

Case Number:	CM13-0019996		
Date Assigned:	11/08/2013	Date of Injury:	07/02/2012
Decision Date:	01/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

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 Neurology, has a subspecialty in Neuro-Oncology, and is licensed to practice in Massachusetts, Ohio, and Texas. 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 28-year-old male who reported a work-related injury to his head on 07/02/2012. His diagnoses are listed as status post closed head trauma, concussion with loss of consciousness, headaches, dizziness, memory disturbance, sleep disturbance, tremor, and cervical strain. The patient has undergone an audiology consultation and a neuropsychological evaluation. The patient complains of persistent memory loss, dizziness, and "passing out" episodes. MRI of the brain revealed normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG study to rule out seizure: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation EEG study to rule out seizure

Decision rationale: The most recent clinical documentation submitted for review stated that the patient reportedly had an additional fall in 02/2013 and appeared to have some altered consciousness. The patient also reported having more falls recently, along with an episode of blacking out, noted on 04/16/2013, in which his eyes were moving back and forth. He had

another episode in his shower. It was noted that the patient had not reached maximum medical improvement since his diagnostic workup was incomplete. Recommendations included complete evaluation for dizziness and hearing alteration, continued psychological/psychiatric evaluation and treatment, and EEG to rule out seizure activity. California Chronic Pain Medical Treatment Guidelines indicate that thorough history taking is always important in clinical assessment and treatment planning for a patient with chronic pain. Clinical recovery may be dependent upon identifying and addressing previously unknown medical issues. Official Disability Guidelines further state that the indications for EEG are noted as a failure to improve or additional deterioration following initial assessment and stabilization; EEG may aid in diagnostic evaluation. Per the clinical note dated 02/06/2013, the patient stated that he had suddenly lost consciousness 5 to 6 times since his accident. In 07/2013, the patient continued to complain of episodes of passing out, falls and blackouts. His eyes had been observed to be moving back and forth in one of these episodes. Per the clinical documentation submitted for review, the patient was noted to have additional deterioration following his initial assessment and stabilization. Therefore, an EEG may aid in his diagnostic evaluation for seizures. As such, the request for EEG study to rule out seizure is certified.