

Case Number:	CM13-0035807		
Date Assigned:	12/13/2013	Date of Injury:	05/09/2013
Decision Date:	02/13/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 50-year-old male who reported an injury on 05/09/2013. The mechanism of injury was being hit in the head by a commercial trailer door handle. The initial evaluation revealed a 4 cm lacerated wound to the right eyebrow with no active bleeding or gross foreign body noted. There appeared to be no involvement of the globe of the eye and no neurological deficits were noted at that time. The patient received 5 sutures to the right brow area after cleaning and debridement of the wound. Two days later, the patient went for a follow-up visit and stated he was not having any pain. He was again noted not to be exhibiting any neurological deficits. On 05/20/2013, the patient reported pain of 5/10 with accompanying blurry vision and seeing "things floating." The next visit dated 05/28/2013, the patient reported that his pain levels were increasing to 6/10 with an onset of headaches, and worsening of vision to include seeing black spots, white spots, and flashes. On this date, the patient was noted to have restrictive range of motion in an unspecified body region, a positive Romberg test, and it was noted that he was unable to perform the EOMI test. At this time, the patient was referred to the emergency department to obtain a CT of the head; however, he refused care at this time. On 06/03/2013, the patient had continued complaints of pain on a 5/10 level with accompanying dizziness. He stated that he was unable to get his CT done. It is also noted in the clinical note that the patient was not cooperative during the eye exam. On this visit, the patient refused to sign papers explaining that he denied treatment at the last visit, and it is stated that the physician's office was willing to call 9-1-1 to transport the patient to the nearest emergency room; however, it is unclear if this occurred. An MRI of the brain performed on 09/10/2013, reported no gross abnormalities but found evidence of sequelae suggesting microangiopathic disease as well as tr

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2013 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, EEG (neurofeedback).

Decision rationale: The California MTUS/ACOEM Guidelines do not address the use of EEGs; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines recommend EEGs when there is a failure to improve, or additional deterioration occurs, following initial assessment and stabilization. The patient's most recent exam performed on 11/21/2013, does not detail any new symptoms. Furthermore, the MRI provided suggestive evidence of an underlying pathology. Without additional clinical evidence of the patient's deterioration, the medical necessity of this request has not been established. As such, the request for EEG is non-certified

Digital QEEG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2013 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, QEEG (brain mapping).

Decision rationale: The California MTUS/ACOEM Guidelines do not address the use of QEEG; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines do not recommend the use QEEG for diagnosing traumatic brain injury as it is a modification and often redundant test to the standard EEG. As the patient does not currently meet guideline recommendations for EEG, the use of a QEEG is also not indicated. As such, the request for QEEG is non-certified.