

<b>Case Number:</b>	CM13-0040226		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 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:

██████████ is a 42 year old woman who sustained a work related injury, close head injury, on March 19, 2013. She subsequently developed a headache, dizziness, behavior changes and memory problems. According to the note of October 1, 2013, and the patient then awoke with short-term memory, irritability, and daily headaches. Physical examination was normal including neurologic examination. Her CT scan of the head and was reported negative. Her provider requested authorization for a sleep EEG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Electroencephalogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Other Medical Treatment Guideline or Medical Evidence: Parisi, P., et al., What have we learned about ictal epileptic headache? A review of well-documented cases. *Seizure*, 2013. 22(4): p. 253-8

**Decision rationale:** The patient sustained a close head injury without loss of consciousness. There is no documentation of abnormal movements suggestive of seizure activity. There is no

sleep problems. The patient CT scan was normal. Her regular initial EEG was normal. There is no clear justification of sleep EEG. Therefore, the request for sleep electroencephalogram is not medically necessary.