

Case Number:	CM13-0046397		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2008
Decision Date:	06/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 Psychiatry 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 an employee of [REDACTED] and has submitted a claim for posttraumatic cephalgia and dizziness, probably postconcussional, right cerebral cortical contusion, sleep disturbance, and cognitive problems associated with an industrial injury date of 12/02/2008. The treatment to date has included three lumbar epidural steroid injections, cortisone injection at right shoulder, aquatic therapy, physical therapy, and medications such as Naproxen, Cyclobenzaprine, Cartivisc, Capsaicin, Omeprazole, Ibuprofen, Tizanidine, Tramadol, Mirtazapine, Gabapentin, Theramine, Fluoxetine, and Hydrocodone/APAP. Medical records from 2013 to 2014 were reviewed showing that patient complained of episodes of headaches. He likewise continued to have episode of feeling he was about to be blacked out with confusion. He had poor balance. He used a cane for ambulation. The patient had difficulties with dressing, bathing, reading, writing, using a keyboard, standing, walking, sitting, running, working, lifting, doing sports, doing housework, doing hobbies, exercising, driving, or riding in a vehicle. Physical examination showed tenderness at occipital and craniocervical areas, right worse than left. He had bilateral TMJ, bilateral shoulders, paracervical, coccygeal and paralumbar tenderness. He had decreased attention span. Sensation was decreased at all three branches of the left side of his face. He had mild intentional tremor at both hands, worse than the feet. He had mild weakness at right hand and right ankle dorsiflexor. He had diminished sensation at ventromedial arms and forearms, outer aspect of bilateral lower extremities, plantar aspect of both feet, and dorsal aspect of right foot. He had a mild limp with his right leg. Romberg test was positive. Tinel's sign was positive at the right. Straight leg raising was positive on the right at 40 degrees and on the left at 60 degrees, each with pain going into the ipsilateral posterior thigh. MRI of the brain, dated 09/27/2011, was reported to be normal but there was a note of asymmetric enlargement of the left lateral ventricle, with midline shift to the right that was of

uncertain etiology. MRI of the brain, dated 09/27/2011, revealed asymmetric enlargement of the left lateral ventricle as compared to the right lateral ventricle, with 5 mm midline shift to the right; no mass lesion or other source of obstruction. Electroencephalogram dated 11/23/2011 was normal. The utilization review from 10/17/2013 denied the request for electroencephalogram (EEG) because the prior request for EEG has already been approved. Pending the results of the approved diagnostic study, the need for a repeat EEG was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroencephalogram: Upheld

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

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

Decision rationale: California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Head Chapter was used instead. It states that electroencephalography is not generally indicated in the immediate period of emergency response, evaluation, and treatment. If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. In this case, patient has been complaining of headache as early as 2011 associated with confusion, poor balance and neurological deficits in physical examination. An initial electroencephalogram was already performed in 2011 revealing normal findings. No specific treatment has been documented since 2011 for her headache. The most recent progress report available from neurological standpoint, dated 09/04/2013, cited that patient needed to undergo MRI of the brain, MRA of the brain, and CT angiogram. There is no documentation regarding a need for repeat EEG. The indication for this procedure has not been established. Therefore, the request for an electroencephalogram is not medically necessary.