

<b>Case Number:</b>	CM13-0052346		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Family Practice and is licensed to practice in 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 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:

The injured worker is a 31-year-old male with a reported date of injury on 09/06/2011; the mechanism of injury was not provided within the medical records. Per the clinical note dated 09/12/2013, the injured worker reported his symptoms remained persistent. The injured worker reported headaches and forgetfulness from the prior head injury, the injured worker was awaiting a neurologic consultation. The injured workers medication regimen included Anaprox DS 550 mg and omeprazole. The injured workers prior course of conservative care was unclear within the provided medical records. The physician's treatment plan included a request for an electroencephalography (EEG). Diagnosis for the injured worker are listed as, Cervical spine strain/sprain, status post fracture, left ulna/radius; status post open reduction internal fixation surgery, left forearm; bilateral knee contusion; post head trauma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROENCEPHALOGRAPHY (EEG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, EEG (neurofeedback).

**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 Official Disability Guidelines note electroencephalography is a well-established diagnostic procedure that monitors brain waves using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Information generated includes alterations of brain wave activities, such as frequency changes (nonspecific) or morphologic (seizures). The electroencephalography is not generally indicated in the immediate period of emergency response, evaluation, and treatment. The injured worker reported memory loss and headaches. The documentation provided for review did not give any treatments for the headaches, any therapy for the memory loss. The clinical note did not note what increases the headaches or what helps to ease the pain. Therefore, the request is non-certified.