

<b>Case Number:</b>	CM13-0067907		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 39 year old male who was injured on 12/29/2009 when a tire blew up and threw him into the air and he landed on his back. He has ongoing complains of low back pain with radiation to the lower extremities, headaches, chest pain, depression, insomnia and forgetfulness. Prior treatment history has included treatment for his headaches. His medication includes Ultram 50 mg. He has had a transforaminal epidural steroid injection. The patient reports good to excellent with overall improvement. Diagnostic studies reviewed include MRI brain on 01/17/2013 was normal. Comprehensive neuropsychological Evaluation dated 10/16/2012 revealed severe frontal lobe impairment on both tests that specifically probe frontal lobe function. EEG/QEEG performed 03/30/2011 was within normal limits. The EMG/NCS BLE has mild right acute S1. The PR2 dated 10/15/2013 documented the patient to have complaints of headaches that occur once per week and last for approximately one hour; difficulty sleeping; worsening lower back pain that travels to the bilateral lower extremities; pain in his teeth described as a burning sensation. He complains of chest pain and feeling depressed and forgetful. He takes Ultram 50 mg. Pain Medicine Re-evaluation dated 11/01/2013 documented the patient to have complains of low back pain that radiates to the hip. He had a pain level of 3/10 with medications and 5/10 without medications. Objective findings on exam revealed range of motion of the lumbar spine with moderate reduction secondary to pain; spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level; and lumbar myofascial tenderness was noted on palpation. The patient was diagnosed with Lumbar radiculopathy, Lumbar disc degeneration, Lumbar facet arthropathy, Chronic pain other. Pain Medicine Re-evaluation dated 09/20/2013 documented the patient to have complaints of low back pain that radiates to the right lower extremity. He had a pain level of 5/10 with medications and 5/10 without medications. The patient's review of systems including cardiovascular, renal pulmonary, gastrointestinal, was

obtained. There were no significant changes noted. PR2 dated 08/28/2013 revealed worsening acute lower back pain and burning teeth. His back pain travels into right left extremity and foot. He has headaches, chest pain, depression, insomnia, and forgetfulness. Objective findings on exam revealed positive lumbar spine spasms and decreased range of motion. He had positive hyper flexion and positive straight leg raise. The treating provider has requested a brain MRI, polysomnogram , and a repeat more awake EEG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **3T diffusion tensor imaging (DTI Brain MRI): 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 Official Disability Guidelines (ODG) Head, MRI (magnetic resonance imaging).

**Decision rationale:** According to the Official Disability Guidelines, an MRI of the brain is recommended for the following reasons: to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, or define evidence of acute changes super-imposed on previous trauma or disease. This patient underwent a brain MRI on 1/17/2013, which was normal. The evidence based guidelines do not endorse any additional studies. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

#### **FMRI w/ ASL, PRAGE, BOLD): 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 Official Disability Guidelines (ODG) Head, MRI (magnetic resonance imaging).

**Decision rationale:** According to the Official Disability Guidelines, an MRI of the brain is recommended for the following reasons: to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, or define evidence of acute changes super-imposed on previous trauma or disease. This patient underwent a brain MRI on 1/17/2013, which was normal. The evidence based guidelines do not endorse any additional studies. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

#### **Polysomnogram): 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 Guidelines (ODG) Pain, Polysomnography.

**Decision rationale:** According to the Official Disability Guidelines, a sleep study may be recommended when certain particular indicators are present, such as narcolepsy, sleep-related breathing disorder or periodic limb movement disorder is suspected, or insomnia complaint for at least six months (at least four nights of the week) that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Difficulty sleeping is a noted complaint, however the medical records do not provide any details regarding this. The duration of sleep loss, any attempts to address the complaint of insomnia has not been demonstrated. The medical records do not establish the patient is candidate for sleep study. There is no specific indication for the requested study. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**EEG:** 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 Official Disability Guidelines (ODG) Head, EEG (neurofeedback); QEEG (brain mapping).

**Decision rationale:** The Official Disability Guidelines state EEG may be recommended if there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The QEEG (quantified EEG) is not recommended for diagnosing traumatic brain injury (TBI). According to the medical records, the patient had an EEG/QEEG performed 03/30/2011, which was within normal limits. The medical records demonstrate the patient's condition has remained stable. The medical records do not demonstrate any abnormal clinical findings or observations to support repeat testing, or additional testing not endorsed by the guidelines. Medical necessity for the requested item has not been established. The requested item is not medically necessary.