

Case Number:	CM13-0069621		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2013
Decision Date:	04/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 57 year-old male who was injured on 1/25/13 in a work-related MVA. According to the 11/21/13 neurology report from [REDACTED], the patient was rear-ended by a vehicle traveling at 65 mph. The day after the accident, the patient had left frontal pain and eye pain, and visual hallucinations. He has headaches. [REDACTED] impression is that the patient had a cerebral contusion with residual persisting visual hallucinations and head pain; Neck and upper extremity symptoms that may be related to the neck injury and may have cervical dystonia. [REDACTED] recommends an electroencephalogram. On 12/5/13 [REDACTED] UR denied the request stating it is only necessary if there is failure to improve.

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) EEG (neurofeedback)

Decision rationale: The patient presents 10-months post work-related MVA, with headaches, visual hallucinations, neck and back pain. According to the 2/21/13 PT note, the patient had 7/10 mid back pain and 4-5/10 neck pain. The 11/15/13 report from [REDACTED] states the pain is 9/10, but drops to 7/10 with medications. The 11/21/13 neurology report from [REDACTED] recommended the EEG for further work-up on headaches with visual hallucinations since the accident. The patient's condition has not improved, and pain levels appear to be slightly worse when compared to the time of the injury. ODG guidelines states the EEG is indicated when there is failure to improve. The request is in accordance with ODG guidelines.