

Case Number:	CM13-0071630		
Date Assigned:	05/14/2014	Date of Injury:	05/09/2013
Decision Date:	10/31/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 licensed 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 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:

Injured worker is a 51 yearS old male with date of injury 5/9/2013. Date of the UR decision was 12/11/2013. Report dated 11/21/2013 suggested that the injured worker had been experiencing ongoing problems with severe headaches and has noted the Midrin to have provided some transient relief. It was suggested that his brain MRI showed some scarring in the right insula. He reported experiencing blurred vision and was experiencing the feeling of blood rushing around his eye when he lied down. He also was experiencing trouble sleeping, numbness in lower extremities, back pain, difficulty focussing, agitation and anxiety. He was diagnosed with Post Traumatic Stress Disorder, Post Traumatic Head Syndrome and Lumbar sciatica. The treating provider requested for authorizations for EEG, Cognitive P300 evoked potential and EMG and nerve conduction studies of bilateral lower extremities. He was being prescribed Klonopin for anxiety. Report dated 10/17/2013 stated that Cognitive P300 evoked potential test was important in his case given his job driving a large vehicle and that his alertness, attention, focussing and clinical anxiety problems needed to be addressed and corrected as quickly as possible per the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE P300 EVOKED RESPONSE: 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 Other Medical Treatment Guideline or Medical Evidence: P300 Evoked Potential in Patients with Mild Cognitive Impairment : Acta Inform Med. 2013; 21(2): 89-92.; Stipe Medvidovic, Marina Titlic, and Marina Maras-Simunic

Decision rationale: MTUS and ODG are silent regarding the topic of Cognitive P300 evoked response. The P300 (P3) wave is an event related potential (ERP) component elicited in the process of decision making. It is considered to be an endogenous potential, as its occurrence links not to the physical attributes of a stimulus, but to a person's reaction to it. More specifically, the P300 is thought to reflect processes involved in stimulus evaluation or categorization. It is usually elicited using the oddball paradigm, in which low-probability target items are mixed with high-probability non-target (or "standard") items. Per the study quoted above, it was concluded that in patients with mild cognitive impairment extended latency and lower amplitude of P300 wave are recorded. However, there is no clear evidence of how a cognitive p300 evoked response test for would helpful to diagnose the symptoms being experienced by the injured worker. The request is not medically necessary at this time.