

Case Number:	CM13-0071653		
Date Assigned:	07/07/2014	Date of Injury:	05/09/2013
Decision Date:	12/08/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation 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:

The injured worker is a 51-year-old male who reported an injury on 05/09/2013. The injury reported was when the injured worker was hit in the head with a handle from a trailer. Diagnoses included head trauma, post-traumatic head syndrome, post-traumatic intermittent headaches, intermittent ataxia, sleep disorder, dramatic anxiety, and leg weakness. Previous treatments included medication and an MRI. Within the clinical note dated 08/27/2013, it was reported the injured worker complained of headaches. The injured worker complained of trouble staying asleep. The injured worker complained of stiffness in the morning, and low back pain. The injured worker reported having tinnitus or ringing to the ears. Upon the physical examination, the provider noted the injured worker had no tremors, no chorea, or athetosis. The provider noted the injured worker had a Romberg's test performed but did not show any pronator drift. The provider indicated in the standing position the injured worker could bend back, bend and touch his toes, and extend back. The injured worker had tenderness to his back. The provider requested an EEG/digital QEEG for relative to cognition and memory. The Request for Authorization was submitted on 09/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG/DIGITAL QEEG: Upheld

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

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 request for EEG/digital QEEG is not medically necessary. The Official Disability Guidelines state EEGs/digital QEEGs are recommended if there is failure to improve where additional deterioration following an initial assessment and stabilization, EEGs may aid in diagnostic evaluations. EEGs are generally indicated in the immediate period of emergency response, evaluation and treatment. There is a lack of significant objective findings indicating the injured worker had failure to improve or documentation of additional deterioration following the initial assessment. Therefore, the request is not medically necessary.